

FLORIDA HEALTH NOTES

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*LURKING
DANGER*

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A suburban area of homes and business establishments face potential health hazards without proper sanitary facilities. Modern sewerage systems are needed in such crowded areas.

A Lurking Danger

Environmental Sanitation

Problem of the Suburbs

You are motoring away from the heart of a Florida city. The office buildings and the large stores are behind you and you pass through an area of big substantial houses, large oak and palm trees, great stone churches and schools that are imposing structures. It is an area built a generation ago following the boom of the 'twenties.

Drive a little further and the sidewalks disappear. There are shopping centers, drive-in restaurants and theaters, car lots and motels along the highway—and behind them the subdivisions—home to hundreds of thousands of people—and the locale of one of Florida's most serious public health problems.

Drive in at the entrance of one of these clusters of new homes. The houses are bright and new, in the latest architectural design. But in far too many instances there is no visible evidence that disease germs lurk only a few inches below the ground, seeping from septic tanks toward nearby wells or awaiting a few inches of rain to float them out onto the open ground. There are tens of thousands of these health hazards in Florida, and no one knows just when the right combination of conditions will cause a very serious health problem from this source.

Let us make it clear at the start that the septic tank itself when used in farm or rural areas is not under condemnation here. It is too many septic tanks—too near together, in the wrong kind of soil and too close to the underground water table—that is causing such great concern to the State of Board of Health. A well-built, septic tank properly placed hundreds of yards from another septic

FLORIDA HEALTH NOTES

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The term "subdivision" usually refers to areas of planned houses or a tract of land measured off into lots and sold. In this issue of **Health Notes** it is also used to mean those sections of suburbia often referred to as "unincorporated areas of urban density" which have simply grown up like weeds into a sea of houses.

tank or any water supply is the scientifically approved facility for a rural residence. It was never intended for the city or the suburbs.

There are dozens of subdivisions in Florida in which the sanitary facilities meet the enthusiastic approval of the health authorities. Such subdivisions have central water supplies instead of individual wells, and planned, approved sewage disposal plants fed by sewers from each home.

The State Board of Health's disapproval is directed toward subdivisions which have no sewerage systems and unincorporated areas which blossomed as individual builders constructed homes and business buildings without planning community sanitary facilities.

Story of Suburbia

Let us suppose that Suburbia is such an unincorporated area—a district of dense residential and business developments on the northern limits of a typical Florida city. It is not incorporated. It contains restaurants, filling stations, motels, junk yards, a golf course and residences of all kinds. Some of these homes are attractive, especially those rimming the golf course. Others are definitely eyesores. They were probably homes of tenant farmers 40 years ago. The area has no planning or zoning laws. There are no streets. The area is served by unpaved county roads which follow the contour of the land and whims of early settlers.

Telephones and electricity came easily to the area. City water is piped along some of the roads. But most of the residents depend on their own private wells for water, and for sewage disposal—there are only septic tanks. During the past month the county sanitarian has reported three private wells as unfit for human use. One of these was an old well that had given pure water for many years. New motels have been built on either side of the fine old house and a row of houses behind it—all with septic tanks. The elderly couple who live in the house are confused and angry. They have no usable water supply.

In another part of Suburbia three septic tanks installed three

months ago have ceased to function. The sanitarian reports that the tanks were "bootlegged" in, installed quietly without permit or inspection. These three homes now have no usable toilet facilities at all.

What are the people of Suburbia going to do? Their leaders are frightened. New home sales have dropped to a trickle, and several businesses that had planned to open up changed their minds when Suburbia's plight got into the newspapers. Then, while the people of the area were waiting for someone to do something—it happened. The rains came.

There was a long rainy spell with minor flooding. Septic tanks by the dozen failed and overflowed. A malodorous slime covered yards and gardens. County Health Department authorities assisted with the evacuation of residents and inoculation of others against typhoid. Water was brought in by tank truck. When dry weather came Suburbia was a shambles, and many feared the area would never recover. But a community meeting was called in the high school auditorium and a sanitary engineer or sanitarian from the County Health Department told the people what they could do to make their community livable and pleasant again.

He said that under existing laws the county commissioners could go into the public utilities business or the sewerage and central water system could be built by private enterprise. If the county was to undertake the task, it could be financed by borrowing money from a lending agency and paying it back with the money collected from the users of the sewers and treatment plant.

What the people of Suburbia learned was this—there was no easy way out. Sewage must be collected, treated and disposed of by modern methods if the people are going to live close together. The **only** alternative was to spread out houses as they are in rural areas and use septic tanks. But septic tanks would not work satisfactorily in city-dense areas.

The Suburbia folks also learned that every residence and business place must be connected to the sewerage system if it is to work. It cannot be selective, serving one house here and another down the block. They learned too that public sewers can only pass in front or behind private property and the property owner must provide and pay for the connecting lines from the buildings to the sewer trunk lines. They found that many times arrangements had been made whereby the cost of such linkage could be paid by the utility operator—the county or private corporation—and then charged to the householder on a time payment basis. In all cases, the maintenance and operation of the sewage collection and treatment must be paid for by a low monthly charge against the householder.

Suburbia is now on the way back. Many of its wells have been out of service for months or years. But water pipes are being built as fast as human ingenuity can build them. Many of the area's septic tank users shudder when they see a rain cloud. But sewers are being built closer to them every day. Building codes, sanitary regulations and the new county zoning plan are being rigidly enforced. Many of the old eyesore, firetrap buildings are being torn down because their owners prefer not to go to the expense of installing modern sanitary facilities. Suburbia is on its way to being a carefully planned, well-built community with a sanitary environment—and property values are going up.

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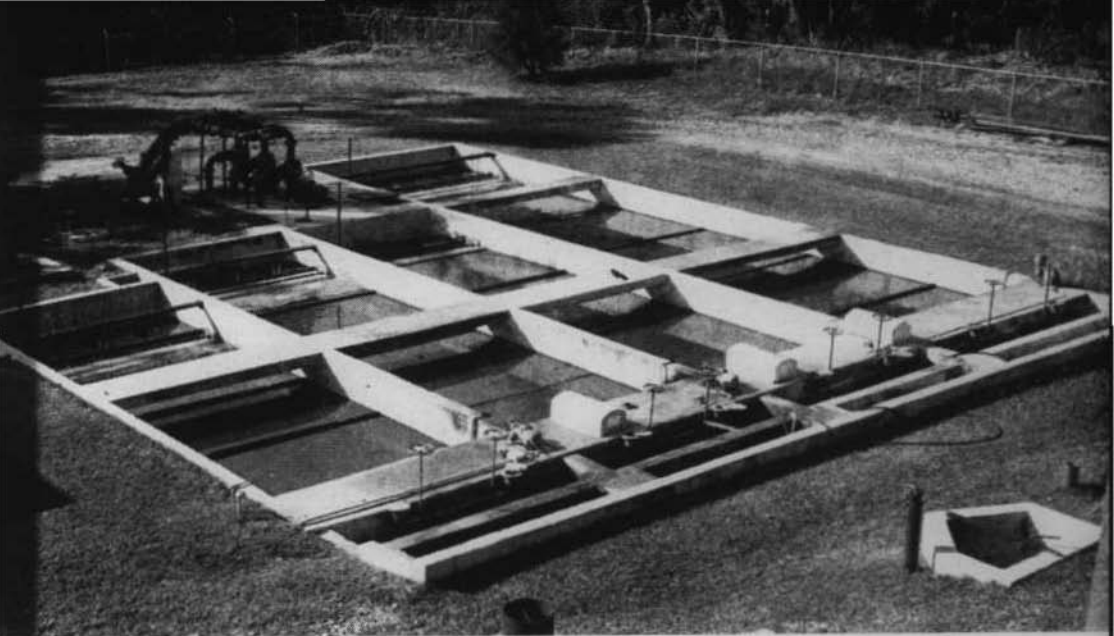
The Suburbia story is fiction but it is based on truth. It has actually happened in Florida. The state has many potential Suburbias. In some, the situation is not as bad as it was in our story, but in others, it is every bit as bad. The trouble is that as long as things are going along well enough, people have a tendency to let well enough alone. That is why the Suburbia disaster happened—and could happen again.

A Complex Problem

One thing must be said in outlining this problem of sanitation in the suburbs. The State Board of Health is not busying itself with "placing the blame" for this serious state of affairs. It is true that skilled sanitary engineers whose responsibility it is to give full time and energy to the solution of such problems were able to spot the trend and warn of its development some years ago. But even these men did not realize how quickly the state would outgrow its statistics and present new problems. This is illustrated by the fact that a senior engineer of the Florida State Board of Health, speaking at a convention in Chicago in 1956, quoted predictions that Florida would have a population of five and a half million people in 1970. Present indications are that this figure will be reached during 1964.

One must realize that the whole problem is immensely complex. A person needs only understand that the provision of a sewage treatment plant can involve the subdivision owner, the lot or home buyer, one or more mortgage companies, the federal government's mortgage insurance agencies—such as Federal Housing Authority (FHA), Veterans Administration (VA), the county commissioners, the zoning board, the state and the County Health Department, the sewage treatment plant architect, consulting engineers, and the construction contractor—and that person will probably go downtown and rent an apartment for the rest of his life because of the involved red tape.

But there is still more to the basic problem. It involves the deli-



The secondary settling basins of this large sewage treatment plant help handle sewage from 3100 Florida homes. This is just one step in processing waste in the modern plant.

cate question of where individual rights and community responsibilities meet. It is an American principle, strongly upheld in the Constitution, that a man may do as he sees fit in his own house and on his own property **so long as it does not endanger or unduly annoy his neighbor**. Just how far the health authorities may go in requiring a home owner, or a home builder, to use one kind of facility instead of another has never been clearly determined by the courts or the legislature. It is clear that if the sanitary facilities do not work properly or serve their purpose adequately, the danger of disease will be a **community** rather than an **individual** problem.

In Days Gone By

ewage disposal has been a problem as long as history has been recorded. Ancient pictures showed the building of open sewers leading to the nearest stream. Covered sewers were built by the Romans and the Greeks but it was 1500 years before the large cities of Europe followed their enlightened example. Early Floridians were content to build open-back privies, or as their cities grew, combination storm and sanitary sewers. If high tides reversed the flow of these facilities the residents tolerated the situation and patiently awaited the passage of the storm and the return of the sewage from flooded streets to the sewers.

The septic tank was developed a few decades ago as an improvement over the old cesspool, which was nothing but a covered pit. In

both cases the sewage from the house flows into the settling basin from a short sewer pipe. In the cesspool it merely accumulates, eventually losing its water content into the soil. The septic tank accumulates the solids, and the water is spread over a considerable area by a series of sub-surface drain tiles.

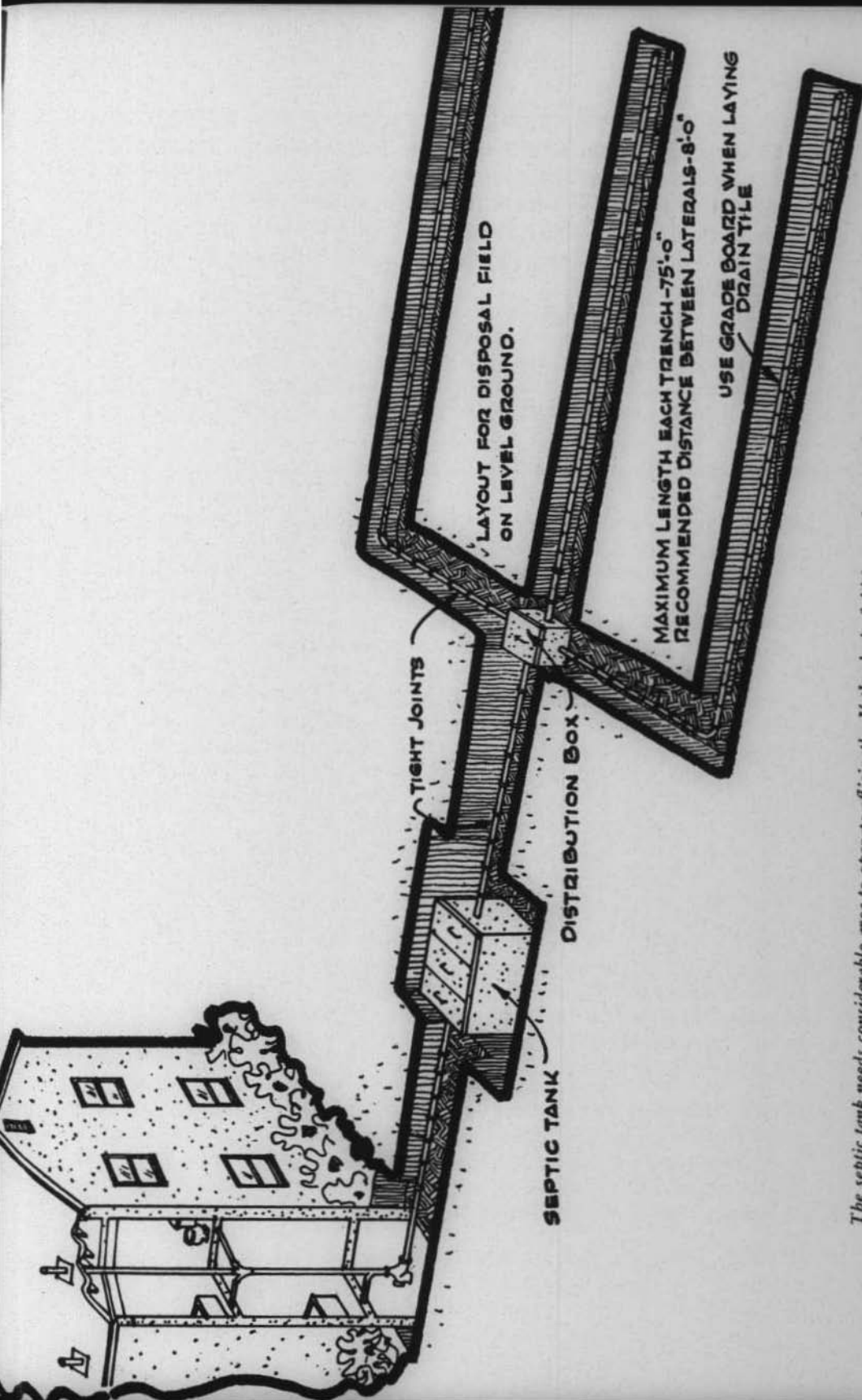
The septic tank is an admirable facility for its purpose—the dispersal of the sewage from one residence situated on an acreage of suitable porous, well-drained soil. Septic tanks are in satisfactory use throughout the nation. But trouble began when “the country cousin” came to town and the septic tank was put into use in subdivisions. Even where soil conditions were proper for the operation of septic tanks, **failures** occurred because the tanks were **too close together**. This condition first began to alarm sanitary engineers in Florida in the early 1950’s, and because the laws permitted the State Board of Health only the use of “recommendation and persuasion” in dealing with it, the situation remains and is daily becoming more critical.

Man has known for thousands of years that nature will dispose of human and animal wastes if given a chance. It was observed that such material, if carried away from the living area and spread out thin, would just disappear over a period of time. Chemical and biological action and erosion by rain and wind dispersed the solids, the benevolent bacteria killed the “bad” germs, and evaporation carried away the moisture. This is a crude and over-simplified description of the basic principle of sewage disposal employed by the American Indians of the Southwest, and by natives of other arid regions throughout the world but this method is not applicable to modern civilization.

The Sewage Plant

The development of sewage treatment plants has been going on for many years. The operation of such a plant is a combination of the means that is described above. However complicated the machinery, the job of the sewage treatment plant is to collect sewage through sewer pipes, sort the solids from the liquids, assist nature’s bacteria in their job of cleaning it of harmful disease germs and nuisance effects, and finally dispersing it where it will do the least harm or the most good. The final liquid is often treated with chlorine and released into the nearest stream. The odorless and disease-free solids are sometimes turned into fertilizer or used for land fill.

Such sewage treatment plants have become commonplace, though not universal, as a part of progressive city and town facilities. Incorporated areas with their taxing powers, and with their need for



The septic tank needs considerable area to operate efficiently. If the drain field is too close to other drain fields or shallow water supplies, there is a danger of disease.

The U. S. Public Health Service, in a recent policy statement, noted that the home sewage disposal problem is a national one and it is concerned at the number of instances in which failure of home sewerage systems, contamination of shallow water supplies and incident health hazards are being encountered.

The USPHS advocates that all communities using individual systems plan for eventual installation of public water and sewer systems when feasible and before a danger point is reached. It added that immediate action through strong support of local health controls and effective enforcement of regulations is also needed.

sanitary disposal of sewage, have in many cases gone ahead with such construction as a matter of course.

But around each municipality in recent years there have been rapidly growing suburbs composed of planned subdivisions and unplanned housing areas. No governmental body is specifically created to build and operate public utilities for these homes. The Florida Legislature in 1955 passed an act enabling boards of county commissioners to go into the public utilities business and serve such areas, but the many complexities of such an undertaking, particularly the financing, have for the most part prevented the development of such enterprises. Exceptions are Pinellas, St. Johns and Brevard Counties where the county governments have extensive holdings in water and sewage treatment plants.

In many areas it is no longer safe for Floridians to build houses outside the city limits as close together as those in the city which has sewage disposal facilities. In these areas the soil is fast becoming over-saturated with sewage from septic tanks and sanitary engineers know that a period of heavy rain would create very objectionable and hazardous sanitary conditions. On the other hand there are many notable instances of subdivision sewerage systems which serve as examples of excellent planning, financing, construction and operation, and promise safe, satisfactory service in the future to the citizens whom they serve.

The Situation Today

In olden days, people bathed only on Saturday nights and washed their dishes and their clothes (one rinse) by hand. Each person used around 30 gallons of water a day. Now we have automatic dish and clothes washers (with their many cycles of operation), air

conditioners, swimming pools, cars to wash, and we take a bath more frequently. A person uses nearly 100 gallons of water a day. Our grandparents lived in the country or on large lots with plenty of waste water dispersal area for everyone. Today, as one engineer wryly put it, "We'll soon have to find a way to stack it."

* * * * *

Florida is dotted with a great variety of unincorporated residential areas with an urban density of population. They range sanitation-wise from very good to very bad. Strangely enough the terms "good" and "bad" do not always line up with the apparent value of the property. One instance has been reported of a group of residents of \$25,000 and \$30,000 homes who had to dig ditches from their houses to a nearby stream to get rid of their sewage. The contents of their septic tanks had backed up into their bathrooms. Nearby a subdivision of \$10,000 houses was getting perfect service from its sewage disposal plant.

Why do we have this problem of sewage disposal? Why doesn't every developer of a subdivision just plan and construct a water system and a sewerage system, install the necessary water and sewer pipes to every lot before he sells any houses? Why doesn't the state, or the county, or "all the neighbors" just build the necessary systems and be done with it? These questions have been asked in public meetings and in letters to the State Board of Health. You have probably guessed already what most of the problem is—money.

The Problem of Financing

Let us say, for the purpose of discussion, that it costs \$200 to install a septic tank. And let us say that the cost to each lot in the subdivision for building and installing a sewage disposal system and its sewers is around \$600. These figures vary from case to case, but they will serve for demonstration purposes.

Mr. A, who has a working capital of half a million dollars, is contemplating building a brand new subdivision. He buys a tract of land, has it surveyed into lots and starts to build houses on the lots. He is in a highly competitive business and there are many other subdivisions around. Other developers are all trying just as hard to attract customers.

Mr. A is open-minded about the sewage disposal problem. He wants to do it right, in a manner that will satisfy his customers. He has built two subdivisions before. In both he used septic tanks. One of the subdivisions was built on relatively high sandy soil. The last house was sold about four years ago and he has not heard of any trouble with the septic tanks. The other subdivision was built on lower ground. The soil was rather mucky and in wet weather tended to hold water. The last house was sold about two years ago and Mr.

A was told recently by one of the county sanitarians that there had been several complaints of septic tank failures in wet weather.

Mr. A is wary. He does not want to lose his reputation as a good builder. He listens to the advice of state and county sanitary engineers and this is what he found out:

He can provide sewage treatment plant service instead of septic tanks for all of the 300 houses he hopes to build in the subdivision by building the plant **one step at a time**. He can invest enough money to build a treatment plant that will serve 50 homes, install the sewer line and charge just a few hundred dollars more for each house than he would with a septic tank. As soon as the homes are sold, he can begin to collect a small fee from each customer the plant serves.

As more homes are built and sold, he can enlarge the plant to serve them. When the entire subdivision is built and sold Mr. A has several choices. He can continue to operate the utility, set up a separate corporation to operate it, sell it to another operator, sell it to a cooperative corporate group formed by the people the plant serve, or sell it to the county commissioners.

Sanitary engineers of Florida and other states have been advocating for some time the passage of an act by Congress that would permit the federal mortgage insurance agencies to insure mortgages on public water and sewerage utilities. This would greatly simplify the problems of men such as Mr. A. The Congress has never acted on the problem. If such a law were enacted, the builder would not have to charge the home buyer anything additional for the share of the cost of the plant. The charges could be paid off along with the regular mortgage on the properties.

Unincorporated areas

In unincorporated, unplanned areas where there are no controlling entities such as Mr. A to make the decisions, invest money and solve the problems, sewage disposal presents a different story.

Water probably comes from a nearby municipality because the general home-buying public insists on a central water system rather than individual electrically powered system. But sewage must be disposed of on the spot. Since the homes and businesses in these areas have been built by different people at different times, the problem of sewage disposal was handled individually in each case. This meant that either a septic tank or a very small, simple sewerage system was installed at each location.

What Can Be Done?

In every phase of life we have leaders. They are the ones whose responsibility it is to observe, perceive and call for action. For years our public health leaders—the trained professional people who

direct our State Board of Health and County Health Departments—have observed the growing dangers to our health. They have warned us of the slow contamination to our streams and our soils. Yet they are powerless to act with any sure effectiveness in the latter instance.

Our laws permit them only to “advise, recommend and persuade.” Until the people through their elected representatives demand enforceable laws and personnel to handle the enforcement, the ignorant and selfish will continue to build and sell homes with inadequate sanitary facilities.

“Why doesn’t the government—?” is a question asked many times by people who have been caused unhappiness of some sort by unplanned and unapproved sanitary facilities. The state and county government agencies in the health field are ready and willing—but not able. They do not have the legal powers. As an individual there is much you can do to help bring better sanitation to Florida’s non-city communities. This is particularly true if you have your home in such an area with poor sewage disposal.

Sanitation, like charity, begins at home. If you live in a recently constructed house in a post-war subdivision you either have a septic tank or your home is connected to a sewerage system. If the latter is the case, you are fortunate and you can discuss community sanitation from the level of your superior situation, pointing out its advantages. If you have a septic tank, take a long look at your situation. How much land area is used by the drain field? How far is it to the neighbor’s septic tank drain field in each direction? Are these tanks installed in sandy soil or clay or loam? Does the land slope and drain well? Have you or your neighbors ever had a septic tank failure?

If your answer to ALL of these questions is satisfactory, then you are fortunate, and it is quite possible that you can look forward

This small, second-hand sewage treatment plant in prepared to handle up to 150 houses. When the subdivision outgrows this plant, a larger, permanent one will be built.



to the future with confidence. If the answer to even ONE of the questions is unsatisfactory, you may be headed for eventual trouble. In that case it would be well to talk over the situation with your neighbors, your county commissioner, a County Health Department sanitarian or sanitary engineer. You might learn that yours is one of the areas about which they are concerned. If it is, you could start the ball rolling and get something done about it.

It is well to remember that the improvement of community sanitation in Florida is not a matter of finding and punishing law-breakers. In most cases, subdivision planners and contractors act in good faith with the information that is available. But the situation is changing rapidly, the state population is steadily growing and what seemed good community planning five years ago may now be faulty.

Each community, each subdivision, each Suburbia will have to work out its own problems if a need exists. The State Board of Health's Bureau of Sanitary Engineering and Division of Sanitation and our 67 County Health Departments stand ready to give assistance in the form of technical consultation. Except in rare instances of flagrant abuse, the action taken will have to come from you who are the citizens of Florida.

No Easy Answer

There appears to be no way for a health department to prevent an individual from purchasing a lot in any subdivision and building a house on it. If brought to the attention of the County Health Department in time, restraint can be used by calling attention to local building regulations and ordinances, sanitary problems to be faced and FHA and VA restrictions and subdivision laws, if they exist. However, any forcible attempt to prevent an individual from building and occupying his own house on his own tract of land would understandably meet with opposition on constitutional grounds. As a result, it frequently becomes necessary for the County Health Department to require individual solutions to individual sanitary problems for which in some instances, there are no known simple and inexpensive answers. This places both the owner and the County Health Department in a difficult position.

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All counties in Florida have organized County Health Departments

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FLORIDA HEALTH NOTES

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VENEREAL DISEASES

- 1 SYPHILIS-POX--BAD BLOOD**
 - 2 GONORRHEA-CLAP--DRIP**
 - 3 CHANCROID~SOFT CHANCRE**
 - 4 GRANULOMA INGUINALE**
 - 5 LYMPHOPATHIA VENEREA**
- "Spread by sexual intercourse"*

SO YOU THINK YOU KNOW ABOUT

VD . . .

Did **you** know there were 1632 **reported** cases of primary and secondary syphilis (the most infectious types) in Florida in 1962? Your guess is as good as ours as to the number of additional **unreported** cases.

Did you know that over half of the reported cases of syphilis and gonorrhea are found in the 15 to 24 age group?

Did you know that venereal diseases are on the increase in spite of penicillin and other miracle drugs?

Do you know why **you** as a citizen ought to be worried? Because since 1958, persons contracting infectious syphilis have increased seven-fold in Florida. Because untreated syphilis can maim and kill. Your neighbor, your servant, your employee in industry, someone in your family may have syphilis or gonorrhea and not know it. Because it takes tax money to locate and treat these people.

There is much ignorance about venereal diseases (VD), how they spread, how they are treated, and the dangers from them if they go untreated, so this issue of **Health Notes** will discuss these greatly misunderstood infections.

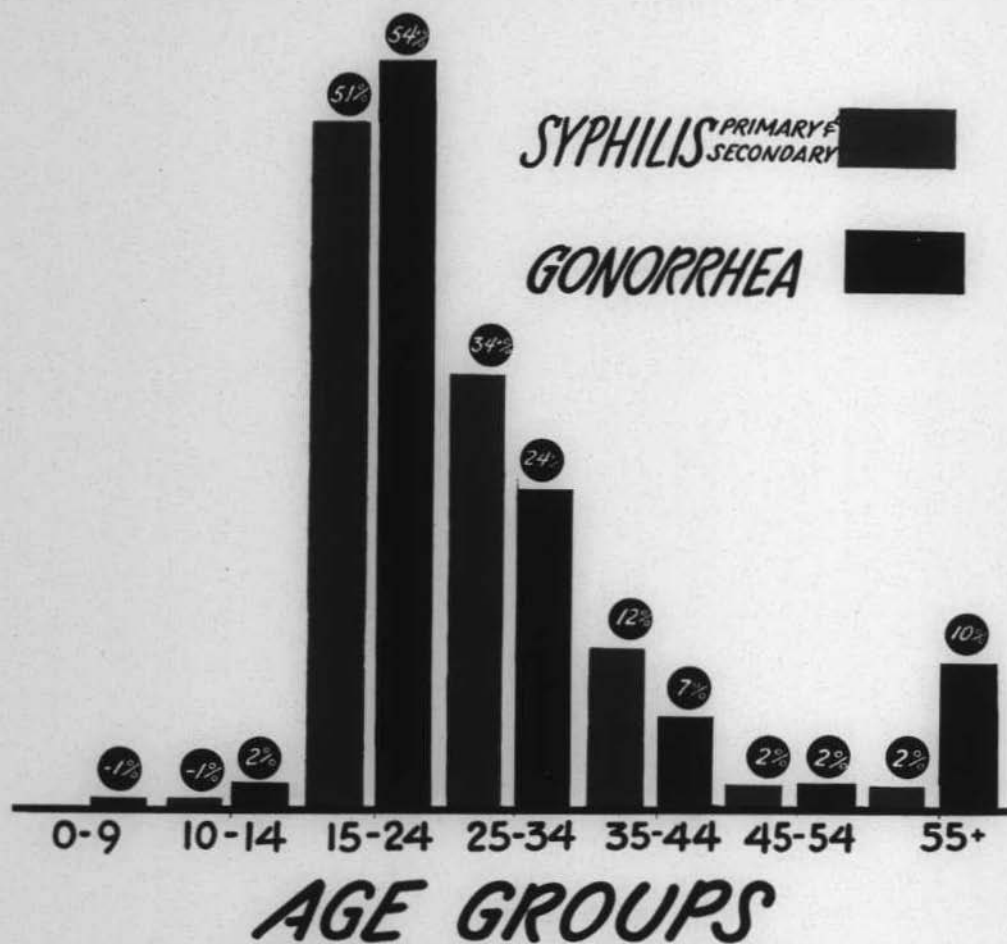
Readers who remember World War II recall the fight against VD carried on in Florida by the State Board of Health, the County Health Departments, the U. S. Public Health Service (USPHS) and the armed forces. Because of the large number of Army, Navy and Air Force installations in the state, thousands of "camp followers" flocked into Florida from all over the nation. The military became alarmed over the large number of servicemen who contracted VD. As a result, the State Board of Health and the USPHS set up Rapid Treatment Centers to diagnose and treat infected persons. After the war, a Rapid Treatment Center was maintained in Melbourne. This facility was closed in June 1952. Today's treatment for VD is carried on in Florida's 67 County Health Departments, in private physicians' offices and in hospital clinics.

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WHEN DOES *V.D.* STRIKE?

PERCENTAGE OF REPORTED CASES



WHOM DO YOU THINK IT STRIKES?

Syphilis is a social disease, once thought of as a punishment for "sin." Treatment used to consist of many months of painful injections, but modern treatment is brief and inexpensive. Since World War II, a generation of young people has grown up ignorant of VD and its real dangers. And there are adults, also, who are woefully misinformed.

The problems of syphilis involve all age groups, all classes and all races. But the greatest number of infectious cases discovered in Florida during the past few years have been in teen-age and early adult groups. The increase in VD among young people is not the only symptom of social turmoil in our day which includes a rise in illegitimate births (particularly among teen-age mothers), increased mental health problems and disturbing juvenile delinquency patterns.

In 1961, more than half of the cases of primary and secondary syphilis reported in Florida were in the 15 to 24 age group.

This challenge to the health authorities is further complicated by the changing status of the American under 20. This group has emerged as a powerful socioeconomic force of its own with magazines, television, movies, records, entertainment, soft drinks, cigarettes and many other products aimed at it. Advertising is loaded subtly but effectively with sex.

All economic levels are involved but the majority of reported cases of VD is found in the lower income groups. Lack of educational and recreational opportunities and inadequate parental guidance promote the desire to get away from home. And our highly mobile population makes VD control difficult.

The reported cases of VD are only a small percentage of the entire number. Many persons with syphilis are unreported, undetected and untreated. This is a major problem in Florida — and throughout the nation. People must regard VD as a dangerous communicable disease and not one to be covered up and ignored.

The specific aims of the Florida educational program are to develop an understanding that VD is a communicable disease, that all communicable diseases are caused by infectious agents, and that diagnostic and treatment facilities are available through the County Health Department or hospital clinic, or better yet, from the private physician.

WHAT IS SYPHILIS?

Syphilis, perhaps the most dangerous of the venereal infections, is a highly communicable disease and when **untreated** can cause blindness, deafness, heart disease, paralysis, insanity or death, and can be passed on by a mother to her unborn child.

The germ that causes syphilis—a minute corkscrew-like spirochete—invades the body during exposure. It cannot live long outside the body; therefore, toilet seats, door handles and drinking glasses cannot be blamed for infections. Syphilis is contracted through sexual relations. It is a systemic disease, traveling to all parts of the body by means of the blood stream and sometimes attacking vital organs.

During 10 to 90 days following exposure, a sore may appear at the place of infection. Called a **chancre**, this sore looks like a blister or a pimple. Many people, particularly women, fail to notice this chancre. Those who do may pay little attention to it since it is painless.

Because the sore goes away does not mean that syphilis is not in the body. The spirochete continues to live in the blood and during the secondary stage — three to six weeks following the disappearance of the chancre — a rash may appear on the palms of the hands, on the soles of the feet, on the face or other parts of the body. Patches of hair may fall out. These symptoms will also disappear without treatment.

Even though untreated, a person may feel fine for years and then become blind, insane or crippled. Syphilis can be cured but the damages to the body which occur during the late stages can never be repaired. Babies born of syphilitic mothers may be premature, blind, deaf or stillborn. There is only one chance in six that a healthy baby will be born of a mother with untreated syphilis.

Treatment for syphilis once took 72 weeks. It called for weekly injections of arsenical and bismuth drugs. Penicillin was released to private physicians in 1945 and treatment was reduced to a few weeks. In fact, some people have the erroneous idea that being cured of syphilis is no worse than being cured of a common cold. They fail to realize that continual reinfection with any disease can be harmful.

SYPHILIS



WHO

ANYONE CAN
BECOME INFECTED

WHERE

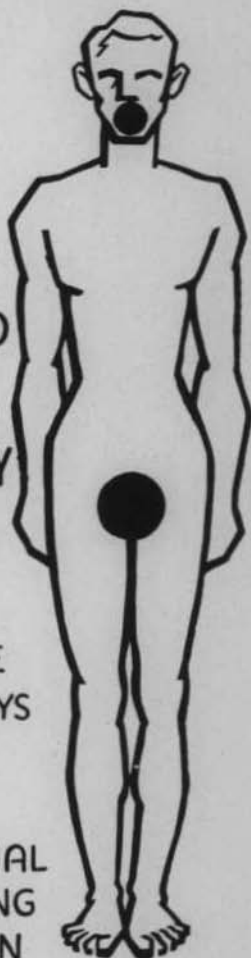
EXPOSED AREA USUALLY
MOUTH OR GENITALS

WHEN

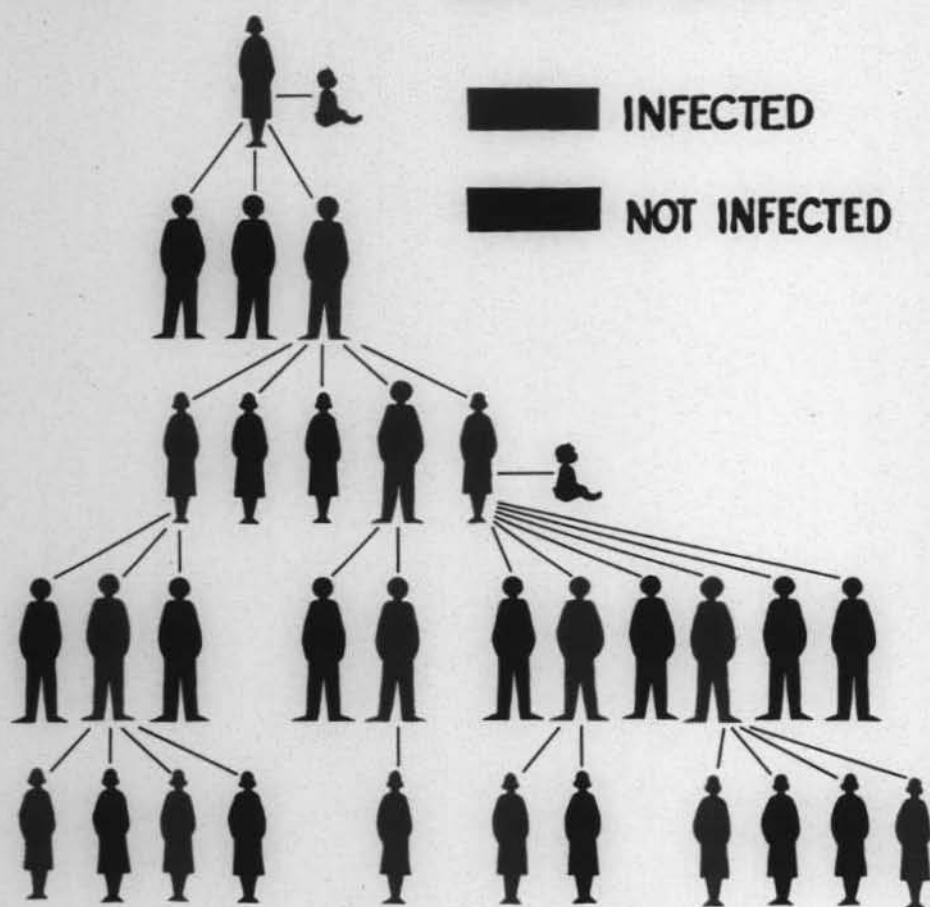
"SORE" (CHANCER) MAY BE
SEEN FROM 10 to 90 DAYS
AFTER EXPOSURE

HOW

TRANSMITTED BY SEXUAL
INTERCOURSE, KISSING
OR PRENATAL INFECTION



SYPHILIS SPREAD CHART



THE FIGHT AGAINST VD

Florida laws consider venereal diseases to be contagious, communicable and dangerous to the public's health. They request that all cases of VD be reported by physicians and require all persons suspected of having VD to be examined and treated if found positive.

To carry out this program the State Board of Health presently has 38 investigators, working out of six districts and the Central Office in Jacksonville, whose job it is to seek out venereal disease and see that its victims are treated. The State Board of Health and County Health Departments operate laboratories and clinics for the testing and treatment of VD victims.

The physicians at the clinics examine persons for signs of venereal disease, often taking a blood test for syphilis or a culture for gonorrhea. If a doctor makes a diagnosis of early syphilis (the most serious of all the venereal diseases), the patient is interviewed by a VD investigator, who has had special training. He must use all of his skill to get infected persons to divulge the names of persons (contacts) with whom the infected person has had sexual relations. All information is confidential. All files are completely protected and are accessible only to the VD investigators and staff physicians, unless they are subpoenaed by court order. The investigator does not give the patient a lecture on immoral conduct, but acts in a friendly and professional manner.

Investigation of VD includes obtaining from infected cases the names of all persons (contacts) from whom the patient may have acquired the disease, or to whom he may have given it. The investigator then visits these contacts, advising them that they may have syphilis and urging them to visit their private physician, a CHD or hospital clinic. This same service from the investigator is available to private physicians for his patients.

When the patient is interviewed the second time, he may name **suspects** (persons whom he feels need an examination for VD) or **associates** (persons found in the company of a contact or a suspect). This "cluster testing" allows the patient to name persons as suspects or associates without jeopardizing his security. A person never knows who named him as a contact, suspect or associate.

TEAMWORK IN THE COMMUNITY

Because VD is usually passed from one person to another in a clandestine manner, the public does not fully understand the disease or its many ramifications. It is generally thought of as an individual problem but when it can be spread by unknowing persons it is a community problem.

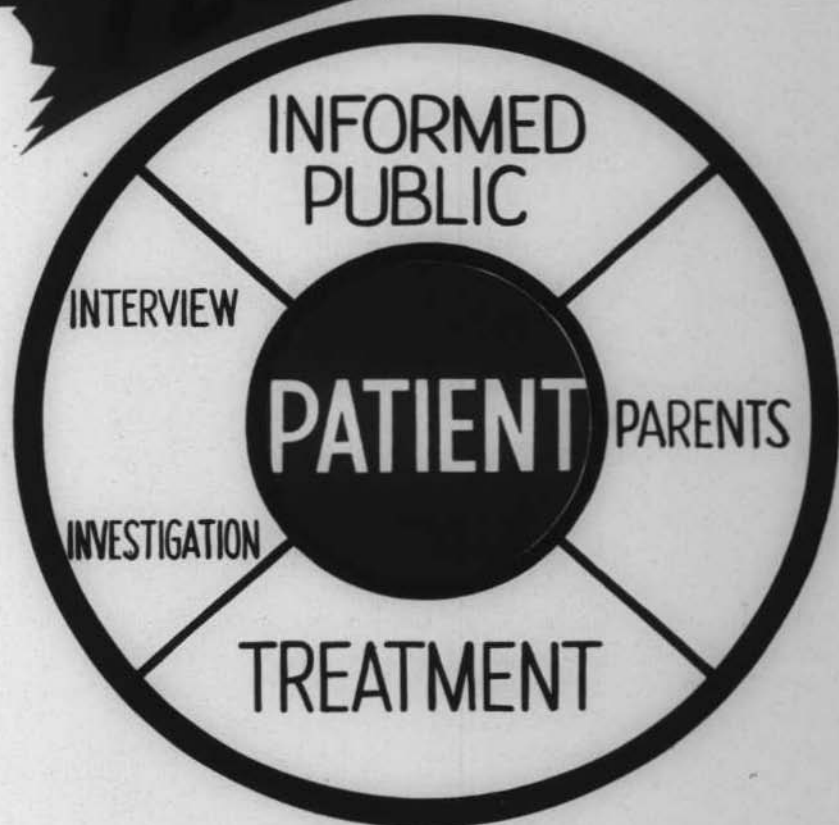
While VD control — the problem of bringing the infected patient to treatment — is primarily the responsibility of physicians, clinics and health departments, the problem of education lies with the home, school and church.

The ideal place for sound instruction regarding these subjects should be in the **home**. A person brought up in a happy morally-responsible and disciplined home is much less likely to report to a clinic or physician with VD. Examples set by parents, plus correct sex information given by them to their children, are a major factor in preventing the spread of VD.

The young person who has heeded the teachings of his **church** is much less likely to be promiscuous. He will more frequently adhere to the moral code which his church has taught him is right. He will also depend on his church for some of his social and recreational life.

The **school** seems to be a natural place for educating youth about VD and its dangers. Through the cooperation of the State Department of Education and the State Board of Health, steps have been taken to integrate the study of many communicable diseases with common studies in some areas. An educator from the State Board of Health, in cooperation with County Health Department staff members, presents to selected junior and senior high school teachers, the technical aspects of VD, history and methods of control through education. She suggests techniques for correlating the material within the school's curriculum. Students, using VD as a theme, may perhaps write reports for English classes, study how these diseases disrupt family life in home economics, and learn about blood testing for syphilis in chemistry classes.

VD CONTROL IS



BLOOD TESTS

Florida has a law requiring people who wish to get married to have blood tests. This is to make sure they do not have syphilis, which can be transmitted to their husband or wife. To protect their unborn children, the state also has a law requiring expectant mothers to have prenatal blood tests.

A series of blood tests may have to be taken in the diagnosis of syphilis. The positive finding will not show up in the blood until several weeks even after the chancre develops. Thus, a person may become infected, have a blood test a day or two following exposure and show a negative reaction. This is the reason the patient may be asked to return.

Many persons contend that because some prostitutes have frequent blood tests, they are not prime carriers of VD. A prostitute may have a negative test, become infected that night and be free to spread VD to her other contacts until her next checkup. However, the prostitute is not the major problem. She has been replaced by the casual pickup and the B-girl. There also seems to be a relaxation of the moral code relating to sexual relations. There are those who seek such relations because they are looking for affection or believe that this activity will give them status or make them popular.

Many less reputable hotels and motels shut their eyes to the activities carried on in their establishments. While prostitution is illegal, it still flourishes in some areas.

THE HOMOSEXUAL

Discovered in recent years as a spreader of VD is the homosexual. One investigator said that if the truth was known many cases of syphilis and gonorrhea among males in a major Florida city involved homosexuals.

Who is a homosexual? It is normal for men to like women and vice versa. Homosexuality is the preference of an individual for a person of his own sex as a sex companion, rather than one of the opposite sex. This definition applies to females as well as males.

In a large Florida city, a 16-year-old boy who was discovered to have secondary infectious syphilis named other boys between the ages of 11 and 20 with whom he had been intimate. Some of these boys named other boys, adult males and girls with whom they had had sexual relations.

A 76-year-old man, discovered to have active syphilis, named multiple contacts, including several young boys with whom he had had sexual relations.

What are the factors that lead a person into homosexuality? There is little evidence that human behavior is dependent upon the quantities of sex hormones in the body. Studies have found that the male homosexual may have had an abnormal affection for his mother, an aggressive and domineering father, unsatisfactory sexual relations with a female, or he may simply welcome the attention of another male.

Homosexuals come from all classes and occupations. They frequently cluster together in cities and the large resort areas. Many sex deviates, once they find they have or suspect they have venereal disease, will go to another city or state to avoid detection. They may be treated in these places as heterosexuals (persons with normal sexual relations) and they do not tell their physician about their homosexual activities. Thus it is difficult to trace others who may have been infected with syphilis by these homosexuals.

GONORRHEA AND OTHER DISEASES

There is another venereal disease that is dangerous to the residents of Florida. This is gonorrhea. It is spread only by sexual intercourse and cannot be detected by a blood test. A culture is made of secretions from genital organs. A small amount of this fluid is placed on a slide, stained and examined under a microscope. If the gonorrhea organism is seen, the person is infected.

WHAT CAN YOU DO?

1. If someone approaches you with fear that he may have contracted a venereal disease, see that he gets under treatment immediately. Call your County Health Department if you don't know what to do.
2. If someone you know contracts a venereal disease and goes to a private physician, ask him to tell his doctor he would like to cooperate with the County Health Department and give the names of his contacts.
3. Urge your church to consider this problem and to undertake an educational campaign for teen-agers and their parents.
4. Ask your junior and senior high school principal if information about all aspects of family living, including venereal diseases, are incorporated into the school's curriculum.

Gonorrhea does not travel through the blood stream but may damage sex glands and cause sterility in both men and women. A few days after infection, it can usually be detected in males by a burning sensation in the sex parts and a discharge. In women, gonorrhea can spread unnoticed through the reproductive organs. It used to cause blindness in newborn babies before drops were put in their eyes. If ignored it can lead to heart disease and arthritis. Antibiotics will cure the disease but treatment must be begun early before damage is done to the body.

Three rarely-seen venereal diseases, also contracted through sexual intercourse, are: chancroid, granuloma inguinale and lymphopathia venerea. There are special examinations done in the laboratory which will detect these diseases.

CAN YOU TREAT YOURSELF?

No! There are no home remedies for VD. Only a physician can decide whether you have syphilis or gonorrhea. There are no salves, medicines, potions or charms for the pox, bad blood, clap, strain, dose or any other name under which VD parades.

If you suspect that someone you know may have VD, urge him to go to his physician or the County Health Department for a blood test and examination. Treatment will be given and he can protect others by cooperating with the VD investigator.

* * * * *

FILMS

The following 16 mm films may be borrowed from the State Board of Health, Audio-Visual Library, P. O. Box 210, Jacksonville 1, Florida, by any responsible group:

Dance, Little Children—The causes and possible answer of where the fault lies for the increase of syphilis among teenagers.

Respectable Neighborhood—How syphilis spreads through a respectable neighborhood and the efforts of public health authorities to bring victims to treatment.

The Innocent Party—How a young man contacts VD from a "pickup" and passes it on to his girl friend.

PAMPHLETS

The following pamphlets are available from the Florida State Board of Health, Division of Health Education, P. O. Box 210, Jacksonville 1, Florida:

Decent Living—The Story of Your Personal Problems.
Everyone Should Know.

Some Questions and Answers About VD.

Venereal Diseases—Old Plague- New Challenge.

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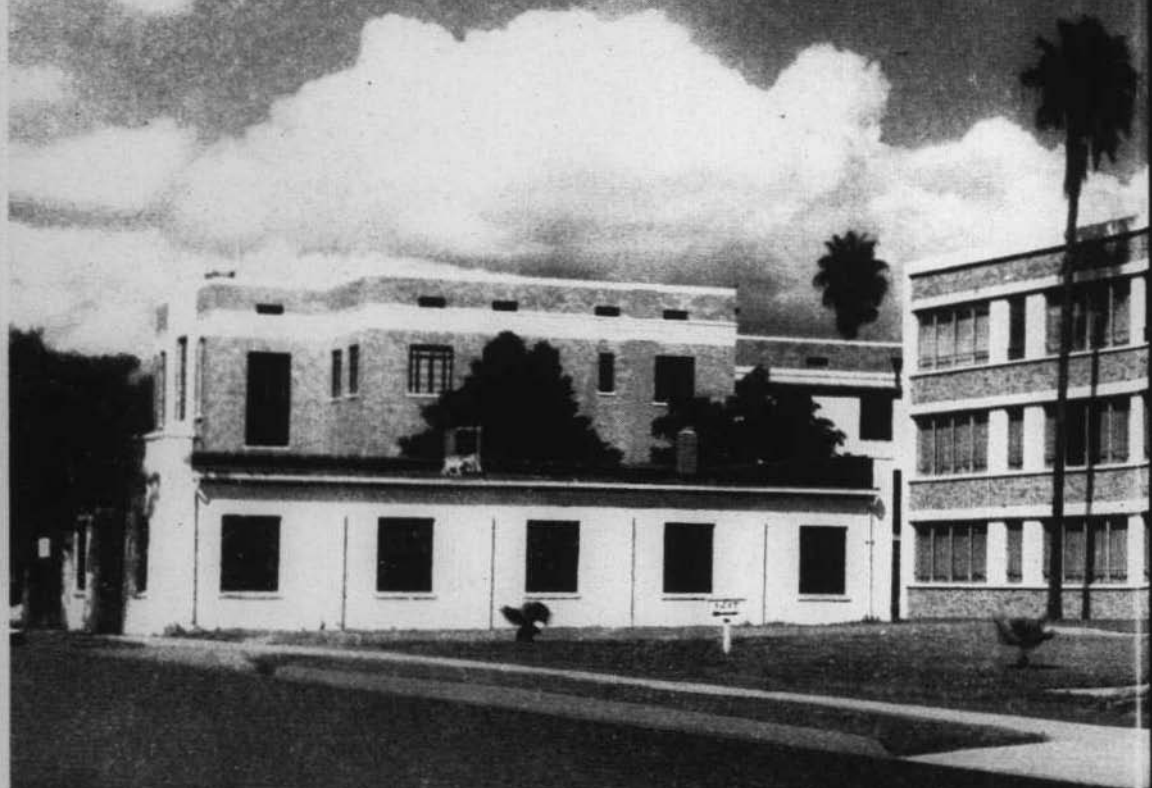
Division of Chronic Diseases

J. E. Fulghum, M.D.

All counties in Florida have organized County Health Departments

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VOLUME 54 — NO. 3

MARCH 1963

Accent on Safety

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Many children are poisoned each year in Florida by drinking harmful household products which are stored within easy reach and in unlocked cabinets

ACCENT ON SAFETY

ACCIDENTS! Accidents! Accidents! Nearly **everyone** has accidents. There are many kinds—cuts, burns, explosions, gun shots, suffocations, train and airplane crashes. But since we are limited in space in **Health Notes** we will discuss only a few of the major ones, such as **automobile accidents, falls, fires, drownings, poisonings and snake bites**, and an unusual type of accident hazard—the **plate glass door**.

Over 2860 persons died in accidents in Florida in 1961, the last year for which statistics are available at this writing. That is one person out of every 1800 residents of the state. Accidents are the fourth leading cause of death in Florida, out-ranked only by diseases of the heart, malignant neoplasms (cancer) and cerebral vascular diseases (strokes). The reasons people die of accidents are important because many of the deaths could have been avoided by proper precautions, a little thoughtfulness or just plain common sense. Because so

many people die such tragic deaths, or are temporarily or permanently crippled, it is the concern of the State Board of Health, the County Health Departments, as well as various voluntary and state agencies.

Accidents don't "just happen." Neither are they "an act of God" or an occurrence of fate. Every accident has its contributing factors, an unsafe act and the results.

There is always a background element, such as a flight of stairs without a handrail or a broken step. There are special problems of the person involved, such as being hasty, late or distraught. For example, the unsafe act occurs when the person goes down the stairs with his arms full of packages. The accident happens when the person stumbles or slips; he has his arms full and there is no handrail to grab. The result is often an injury—a broken limb, internal injuries—or even death.

FLORIDA HEALTH NOTES

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MOTOR VEHICLE ACCIDENTS

DO YOU know somebody who was injured or killed in an automobile accident during the past year? Nearly everyone does. In 1961 over 1200 persons were killed and 48,464 others injured in 119,441 traffic accidents in Florida.

The reasons for such accidents, the number of fatalities and persons injured and the possible control and prevention is of concern to public health officials, law enforcement agencies and voluntary societies.

How do these accidents happen?

The drivers of the vehicles—cars or trucks—involved are at fault in 90 per cent of the accidents and cause 75 per cent of the fatalities in Florida. In some cases, the driver was under the

influence of alcohol but in far too many cases, the driver was careless and took that extra chance. Accidents frequently occur when drivers fall asleep from fatigue, misjudge speed or distance or, in a few cases, have some physical defect that prevents them from being good drivers, such as poor hearing or vision.

In many accidents, the driver was following another vehicle too closely, making an improper turn, driving too fast or exceeding a safe speed. He may have failed to grant the right of way to another car or pedestrian.

Other traffic violations committed by drivers are disregarding a stop sign or traffic light, improper passing or leaving the scene of an accident. In over half of the fatalities in Florida in 1961, drivers were exceeding the speed limit or a safe speed or driving in the wrong lane.

Many accidents occur because of some mechanical failure of the car. The most common defect is the lack of proper brakes. Defective tires are often found on cars involved in accidents (even new cars) while improper lights—or no lights at all—are the cause of many other crashes.

Some accidents occurred during rainy or cloudy weather when visions were obscured. Trees, bushes or parked cars frequently blocked the vision of some drivers, but the majority of accidents occurred on straight

TRAFFIC TOLL

Many newspapers carry daily reports on the number of persons killed and injured in automobile accidents. As of February 14, 1963, the totals for Florida were:

KILLED (in 24-hour period—
six

INJURED (in 24-hour period—
136

KILLED to date this year—
138

KILLED to date last year—
178

INJURED to date this year—
7803

INJURED to date last year—
7419



Driver education is playing a big part in the training of future drivers. Beginning July 1, every secondary school in Florida will be required to offer a standard course in driver training. In order to be eligible, a student must be 14 years of age or older and have a learner's permit. The course will consist of 30 hours of classroom instruction and six hours of driving practice. It will cover the art of automobile driving, including courtesy and attitudes while operating a car.

roads, in daylight hours and with the driver able to see clearly all around him. Most accidents occur in shopping or business areas, or two-lane highways and at intersections where drivers fail to halt at a stop sign or for a stop-and-go light.

The total of 1203 persons killed on Florida's highways in 1961 does not include the 283 **pedestrians** who became death statistics. Nearly half of those persons were killed when they failed to cross the street at intersections. Children under the

age of nine are the most frequent pedestrians injured. They are hit because they cross between intersections, run out from behind parked cars, stand or play in the roadway. Two-thirds of such accidents take place during daylight hours.

Out of the more than 48 thousands injured in Florida in 1961, many persons received only light injuries, such as bruises or whiplashes; other thousands received cuts and abrasions. The most tragic were those crippled for life. Millions of dollars were spent on hospital bills and insurance claims. Police and safety councils recorded the number of accidents and the number of persons injured but no one knows how many were **permanently injured** in traffic accidents. Since the driver is responsible for most accidents, it is his moral responsibility to obey traffic laws. There is an old saying that "ignorance of the law is no excuse" and this applies to traffic regulations, too. Every driver should know and understand Florida's traffic laws. These regulations are in the handbook available from the Florida Highway Patrol.

Most people believe that violations, such as murder and robbery are morally wrong but the average traffic violator doesn't feel that way about traffic laws—unless he is involved in an accident. Failing to come to a complete halt at stop signs, running red lights, improper turning and excessive speeding are common and yet they are frequent causes of accidents.

What can you do to cut down the accident and death rate on Florida's highways?

1. Driving in Florida is a privilege and not a right. Make sure your operator's license is up-to-date. Unfortunately, repeated eye examinations are not required.

2. Make sure your car is in good running condition. Ten crucial zones in a vehicle are brakes, headlights, rear lights and signals, tires, steering and wheel alignment, exhaust system and muffler, windshield wipers, glass, horn and rear-view mirror.

3. Keep your windshield free of objects and unnecessary stickers. Baby boots, miniature boxing gloves, dice are ornamental but dangerous.

4. Make sure you are alert. Don't take the wheel if you have been drinking, taking drugs, are tired, sleepy or upset. In making a trip, allow time for traffic, weather conditions and all of the red lights.

5. Cooperate with the traffic officers and understand that their aim is not to arrest people but to keep them from having accidents that kill, cripple or cost money. Eighty-five per cent of Florida drivers usually obey the law. The other 15 per cent are habitual violators who sneer at the law and have no consideration for other drivers or pedestrians.

6. Have respect for the courts which impress on violators that they should take traffic laws seriously.



The fortunate passengers were able to walk away from this accident. In other such mishaps, people are killed or crippled for life.

7. Know your traffic "signs of life." One of the major reasons why people fail to pass their operator's license tests is because they cannot identify highway markers.

8. Practice good driving habits. Common sense and good judgment can be developed.

Motor vehicle accidents can be approached the same way as other public health problems. Accidents can be compared with an epidemic in that a number of

people are involved. They happen everywhere but there are certain places where they occur most frequently, such as at intersections, in heavy traffic and on two-lane highways. Because drivers are responsible for nine out of 10 accidents, such tragedies can be prevented.

Health departments can contribute to accident prevention by assisting with driver education courses and driver improvement clinics, helping with research in driver education, promoting first aid and safety devices, such as seat belts, and cooperating with community and governmental agencies.

FIRES

WHILE BEING one of the greatest aids to man, fire is one of his worst enemies when out of control. It destroys some 800 homes a day in the United

States and in 1961, 183 persons died in fires in Florida. Firemen of a Florida metropolitan area volunteer fire district were called

out on nearly 4500 fire and first aid runs last year.

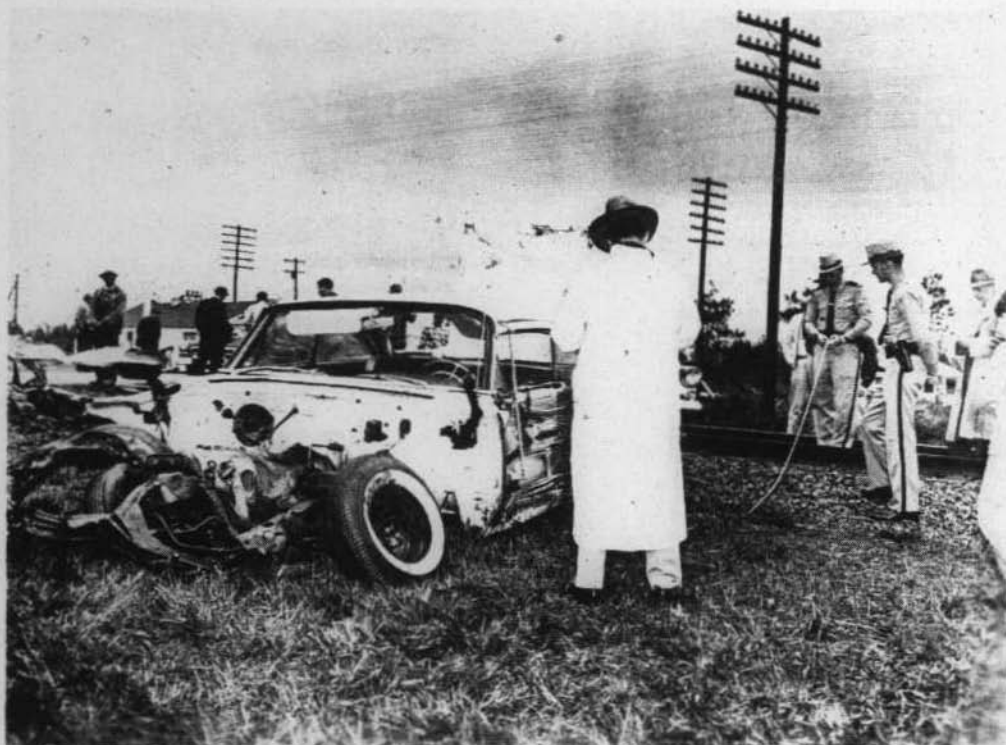
Firemen report that nearly all of the fires could have been avoided. Few are caused by nature, such as lightning. The most common causes of home fires are careless smoking, flooded oil heaters, grease on kitchen stoves, children playing with matches and misuse of electricity.

Vast areas of Florida have no regulations enforcing fire codes

in homes. There is no law prohibiting a man from building a fire in the middle of his living room or calling in an inexperienced electrician to do the wiring in his home.

Brush fires, which periodically plague Florida firemen, are usually started by the careless burning of trash, children playing with matches or cigarettes tossed from automobiles. During hot weather, firemen are often

The Florida Highway Patrol investigates accidents in an attempt to find out how they happen and how such tragedies can be avoided.



called out to fight home fires started by spontaneous combustion of trash collected in attics. Automobile fires are caused by careless smoking or a short in the electrical wiring.

What can **you** do to prevent fires in your home or possible loss of life?

1. Have an escape plan in case of fire in the middle of the night. Know what clothing you will need and where the family will gather "to count noses." In case of fire, be sure everyone is out of the house first, and then call the fire department.

2. Never smoke in bed. Never toss a lighted match away without making sure it is completely out and breaking it. Check the contents of ashtrays before emptying.

3. Always keep matches out of the reach of children. Never allow them to have matches in their possession.

4. Since electricity causes one out of five fires, have a competent electrician repair or extend wiring when needed. Never overload circuits or use multiple outlets. Replace lamps and extension cords when worn or broken. Do not run electrical wires under rugs, over hooks or nails or any exposed place where they are subject to wear.

5. If you are not qualified, never "tinker" with your tele-

vision set. Fire or severe shock could result from an amateur trying to repair this complicated machine.

6. Have your furnace cleaned regularly. If you use a portable oil or gas heater, turn it off before going to bed. Many people are suffocated by unvented heaters in tightly closed rooms. Keep a metal screen in front of a fireplace to protect the room from flying embers.

7. Be sure your cooking stove is in good repair and cleaned regularly. Never use kerosene or gasoline to "quicken" a fire. Never allow curtains or towels to hang near the stove. Keep grease containers away from the stove and oven and burners free of grease. If a grease fire starts while you are cooking, turn off the heat, cover burning pan with large, flat cover, using a long-handled fork, or smother flames with baking soda or salt.

In an effort to protect residents of nursing homes and hospitals, the State Board of Health, in cooperation with firemen's associations and other organizations, is planning a series of conferences with organized volunteer and full-time fire department personnel. Firemen will be given information about laws and regulations that apply to construction and safety in nursing homes and hospitals, the types of people in such homes, health problems and problems of evacuation.

Designed to create good working relations between local fire



Florida firemen fight thousands of home fires each year. A faulty heater, smoking in bed or overloaded electrical wiring may have been responsible for the fire in this home.

departments, County Health Departments and hospitals and nursing homes, the one-day programs will enable firemen to

plan fire drills and set up arrangements with administrators for evacuation of the patients in case of fire.

POISONING

ONE HUNDRED and twenty persons died of poisonings in Florida in 1961. Some of these may have died by their own design but accidental poisoning took the lives of 31 children un-

der the age of 15 and youngsters under the age of five accounted for 27 of these deaths. During the past year, there were 3880 cases of poisoning reported by the 20 Poison Control Centers in

the state and the participating hospitals. Children under five years of age accounted for 2342, or 60 per cent, of these poisonings.

Of the 3880 poisonings reported last year, nearly 3200 follow-up visits were made by county public health nurses. This is approximately 80 per cent of the total cases. During these follow-up visits, the nurse not only obtains further valuable information concerning the circumstances of the accident, but she is also able to point out other accident hazards around the home and discuss accident prevention with the parents. This follow-up activity has increased since the centers were established and is an important part of the overall accident prevention program of the County Health Departments.

There are many factors as to why adults and teenagers, who make up the other 40 per cent, were poisoned. Some failed to read labels on medicine bottles because they were ill, sleepy or neglectful; elderly people accidentally took overdoses because of senility or poor eyesight; some people made attempts at suicide—a few succeeded.

The substances children usually swallow are common household products. Aspirin is the substance most frequently consumed. This is followed by internal medications, cleansing and polishing agents, insecticides, rodenticides (rat poison), herbicides (weed killers) and kerosene. All these and many more have endangered the lives of children throughout Florida.

Not only are children unable to read a label which may state

that the ingredients are poisonous; they do not understand the danger of drinking or eating an unknown substance. Children are naturally curious. Their sense of taste has not developed enough to protect them from swallowing a dangerous chemical. Young children will swallow anything they can get into their mouths. Therefore, parents have the responsibility of protecting their children from these harmful household products.

When a child is ill and must be given a brightly colored or a flavored medicine, it should be referred to as "medicine"—not as candy. Too many children climb up and help themselves to the contents of a bottle in the medicine cabinet or their mother's purse, thinking they have found candy. Lack of proper supervision is noted far too many times on poison reports received at the State Board of Health.

Likewise, with other common household products such as soaps, bleaches and polishing agents, carelessness is also common. These should always be stored in their original containers and placed out of the reach of children. In 70 per cent of the cases in which children had consumed cleansing or polishing agents, the products were not in their usual place. In many cases, the substance was not in the original container, but someone had left some of the material in a bottle, glass or cup and the child drank it.

When medicines are discarded, they should be destroyed. Many children are treated for poisonings because they find a discard-



A bicycle is a means of transportation — as well as fun. But 32 persons were killed in Florida during 1961 in accidents with bicycles. Cyclists should ride with traffic on the right edge of the road; keep both hands on the handle bars; obey all traffic laws, signals and signs; and dismount and use the crosswalks at intersections. They should never give a person a ride on the bicycle and never grab onto a car or truck in order to hitch a ride.

ed bottle in the trash and swallow the contents. This applies to other types of containers as well. Here again, lack of proper supervision is the reason given.

Three main reasons why a poison accident may occur to children are: (1) the poisonous sub-

stance was not in its original container, (2) the container was not in its usual storage place, and (3) the usual storage place was within the reach of small children.

While accidental deaths by poisoning for children under five

are exceeded by motor vehicle deaths, drownings, suffocation and fire, it is by far the most easily preventable by parents following simple precautions and by closer supervision of children's activities.

What can **you** do to avoid a poisoning in your home?

1. Keep medicine out of reach of children. Parents should read labels carefully before giving medicine and older children should not be allowed to give medicine to younger children.

2. Keep bleaches, cleaners, waxes and household cleaning materials in locked cabinets.

Products for cleaning or containing poison should not be stored near food.

3. Old drugs and medicine should be thrown away and destroyed when they are no longer used. Children never should be given old medicine bottles to play with.

4. Keep garages, barns and tool sheds safe for children. Poison for rats may kill your children before the rats find it.

5. When taking medicine, read the label on the bottle and make sure you know what you are taking. Do not store poisons in the medicine chest.

POISON CONTROL CENTERS

The 20 Poison Control Centers are where people can seek assistance when anyone has swallowed a toxic substance. Because the Centers are located in the emergency rooms of the participating hospitals, the information on the contents of poisonous substances is available 24 hours a day.

The Centers maintain files containing the trade names of products which have previously been involved in poisonings, the chemical ingredients and the antidote or treatment for that particular poison. If the files do not have the information, the physician or nurse knows where it can be obtained.

When a physician contacts a

Poison Control Center and reports that a child he is treating has swallowed W... cleaning compound, the attendant can tell the physician what chemicals are in the compound and what is recommended as an antidote. The physician can start treatment without delay and without going through long tests and inquiries to find out the nature of the poison.

The Poison Control Centers were started under the sponsorship of the Florida Pediatric Society and the Florida Chapter of the American Academy of Pediatrics and with the cooperation of the participating hospitals, the State Board of Health and the County Health Depart-

EMERGENCY HELP

WHILE WAITING FOR HELP

1. MAKE THE PATIENT VOMIT UP THE POISON IN ALL CASES.

EXCEPT:

- When he is unconscious or in a coma.
- If the victim is having convulsions.
- If the victim has swallowed petroleum products (gasoline, kerosene lighter fluid, naphtha, etc)
- If the victim has swallowed a corrosive poison (toilet bowl cleaner, sulfuric, nitric or oxalic acid, rust remover, styptic pencil, drain cleaner, washing soda, ammonia water, household bleach, etc).

2. KEEP THE VICTIM FROM BEING CHILLED.

Wrap in blankets or use hot water bottles if necessary.

3. DO NOT GIVE ALCOHOL IN ANY FORM.

4. WHEN VOMITING BEGINS, PLACE VICTIM WITH HEAD LOWER THAN HIPS AND FACE DOWN.

(This keeps poison from getting into the lungs and doing further damage.)

The following should be taken by your family in

1. CALL YOUR IMMEDIATE number _____

2. TELL YOUR THE NAME OF THE POISON THAT WAS TAKEN.

3. DO WHAT THE DOCTOR TELLS

4. IF YOU DO NOT KNOW THE NAME OF THE POISON, CALL YOUR DOCTOR OR STATE PHARMACEUTICAL number _____

IF THE VICTIM IS NOT VOMITING UP THE POISON

1. Carry him to the nearest hospital immediately.
2. Open all his clothes to loosen circulation. Artificial respiration has stopped. Do not stop until he is dead.
3. Prevent the victim from drinking alcohol or any other liquid.

THIS PAGE MAY BE LIFTED OUT AND USED AS A REFERENCE

P FOR POISONING

Simple steps
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become irregu-

g. Do not give
form.

IF THE VICTIM'S SKIN HAS BEEN CONTAMINATED

1. Drench skin with water (shower, hose or faucet).
2. Apply stream of water on skin while removing clothing.
3. Cleanse skin thoroughly with water. Rapidity in washing is most important in reducing extent of injury.

IF THE VICTIM'S EYES HAVE BEEN CONTAMINATED BY POISON

1. Hold eyelids open, wash eyes with gentle stream of running water **immediately**. Delay of a few seconds greatly increases extent of injury.
2. Continue washing until the physician arrives.
3. **USE NOTHING BUT WATER.** Chemical eyewashes etc., may increase the extent of the injury.

IF THE VICTIM HAS BEEN BURNED BY CHEMICALS

1. Wash with large quantities of running water.
2. Immediately cover with loosely applied clean cloth.
3. Do not use any ointments, greases, powders or other drugs in treatment of chemical burns.
4. Keep victim flat, and keep him warm until medical help arrives.

ASTED INSIDE YOUR MEDICINE CHEST

ments where these hospitals are located.

Following is a list of Poison Control Centers and their addresses and telephone numbers. **Make a note of the one nearest you.**

BRADENTON

Manatee Veterans Memorial Hospital—4-0391
206 Second Street, East

DAYTONA BEACH

Halifax District Hospital—
CLinton 2-5561
Lakeshore Drive

FORT LAUDERDALE

Broward General Hospital—
JACKson 4-0541
1600 South Andrews Avenue

FORT MYERS

Lee Memorial County Hospital
EDison 2-1141
2776 Cleveland Ave.

GAINESVILLE

J. Hillis Miller Health Center
FRanklin 6-3211
University of Florida
Alachua General Hospital—
FRanklin 2-4321
912 S.W. 4th Avenue

JACKSONVILLE

St. Vincent's Hospital—
EVERgreen 9-7761
Barrs St. and St. Johns Ave.

LAKELAND

Lakeland General Hospital
686-7786
Lakeland Hills Boulevard

MIAMI

Jackson Memorial Hospital—
371-9611
1700 N. W. 10th Avenue

MIAMI BEACH

Mount Sinai Hospital—
JEfferson 2-3611
4300 Alton Road

NAPLES

Naples Community Hospital
Midway 2-2151
350 Seventh Street, North

OCALA

Munroe Memorial Hospital—
622-4211
1410 South Orange Street

ORLANDO

Orange Memorial Hospital—
GARDen 3-5511
1416 South Orange Avenue

PANAMA CITY

Bay County Memorial Hospital
PO 3-6056
600 North MacArthur Ave.

PENSACOLA

Baptist Hospital—
HEmlock 2-1241
1000 West Moreno Street

ST. PETERSBURG

Mound Park Hospital
5-1181
701 - 6th Street

SARASOTA

Sarasota Memorial Hospital—
924-4343
1901 Arlington Avenue

TALLAHASSEE

Tallahassee Memorial Hospital
223-1264
North Magnolia Drive &
Miccosukee Road

TAMPA

Tampa General Hospital—
224-3722
Davis Islands

WEST PALM BEACH

Good Samaritan Hospital—
JU 2-2185
1300 North Dixie Highway

FALLS

YOU MAY think of your home as one of the safest places on earth but statistics show that in 1960 and 1961, a two-year period, falls were the second leading cause of accidental death in Florida—second only to traffic mishaps. And most of these falls occurred in homes.

Over 760 persons died in falls during this time. About two-thirds of those persons were over 65 years of age. Because older people are often unsteady on their feet, their bones more brittle, their eyesight dimmer, they are injured more easily than

younger people. When people become old they grow more careful and self-protective; yet, because of poor balance, lack of judgment and slower reaction time they sometimes find themselves unable to navigate easily and are susceptible to falls.

Nearly twice as many women die in falls as men. This perhaps is because women spend more time moving around the home doing their housework. Grandpa is more apt to sit around, perhaps watching television.

In an effort to find out more



Bedrails are often used in private homes, as well as hospitals and nursing homes, to keep elderly people (and children) from falling out of bed.

about falls involving elderly people, the State Board of Health conducted an investigation of accidents in nursing homes. This nursing home study showed the more common injuries among the elderly to be bruises, fractures, scraped limbs and cuts. The parts of the body involved most were head, face and neck,



Handrails in corridors and on stairs are helpful when older people are in the home, as well as in institutions.

the left arm and leg and the right hip. Most of the nursing home residents were alone when they were injured.

As elderly people do, the patients in the nursing homes become involved in accidents because they are confused, dizzy or impatient. They frequently feel that they are still strong and

able and refuse assistance. They crawl out of or untie their restraints, fall out of chairs or out of beds, fall in bathtubs or while using walkers or crutches. Sometimes they are just in a hurry and their feet won't travel as fast as their minds want them to go.

While nursing homes make a practice of trying to foresee accidents and take great precaution to protect their residents, the patients themselves often use poor judgment or are too senile and confused to avoid accidents.

The study showed that patients become disoriented at night when they attempt to go to the bathroom. They are frequently too weak to stand alone when they get out of bed or a chair. Sometimes when they feel they are being restrained they try to gain their freedom to go home. Elderly people want to be independent and they try to take care of themselves, refusing assistance from family, friends and nursing home attendants. Despite all this, accident rates in nursing homes are much lower than in the general population of the same age.

The problems in nursing homes are often aggravated by additional hazards in the average home. Elderly people are repeatedly the victims of scatter rugs, shaky steps and rickety banisters. Because their eyesight and balance are poor, children's toys, garden tools, furniture and other objects cause them to fall.

If you have an elderly person in your home, what can you do to avoid falls?

1. Locate furniture in the home so there are clear passages through which grandma or grandpa can travel. Keep hallways and stairways free of brooms, mops and pails and furniture. Keep children's toys off the floor.

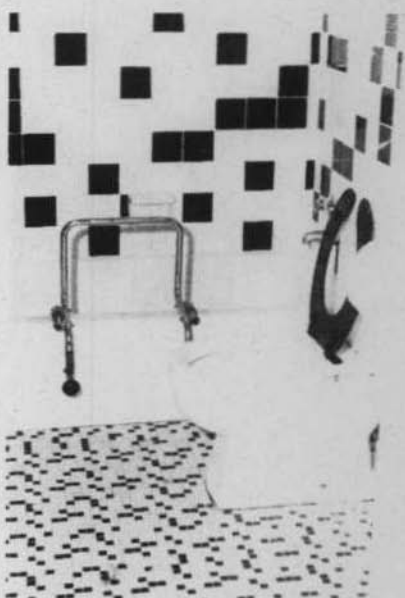
2. Have solid, hip-high banisters or railings on porches and both sides of stairways. If possible have a ramp with no more than a one-foot rise in eight feet.

3. Because bathtubs are slippery, have at least a handhold or rubber bath mat, preferably both, in the tub. Non-skid stripings placed on the bottom of the bathtub are best. Handholds are often necessary beside the toilet.

4. Have wall-to-wall carpeting or no carpets. Never use scatter rugs and never wax the floors.

5. Maintain the light level on the floor at 10 candlefoot power (light equal to illumination of 10 candles one foot from the floor surface)—not from the chandelier. Oldsters need more light especially on the floor, because of dimming eyesight.

6. Keeping a bell on the bedside table is a good practice in case grandpa needs help to get up at night.



Handholds on toilet seats and bathtubs can prevent falls and possible injury, particularly for elderly people, chronically ill persons and convalescents.



DROWNING

IT IS NOT difficult to find a place to go swimming in Florida. There are hundreds of miles of shoreline and many lakes and rivers. The 318 persons who died in Florida from drownings and submersions in 1961 were probably enjoying these natural resources, as were the additional 91 persons who died in small boat accidents. A vast majority of those drownings took place at the beach, the lake or some other bathing place away from home. A few swimmers died in quarries and others drowned were children under the age of four, who fell into swimming pools, wandered off and fell into ditches or met with some other accident in water.

Water safety is a personal thing. Most of those who died in water accidents died within a few yards of safety. A little common sense and knowledge of life saving could have saved many lives.

Young children are often unafraid of water and do not have good judgment when playing in it. They stay in too long, become fatigued and sometimes are neglected by their elders.

The old adage says, "A little learning is a dangerous thing." In swimming this is true. Life guards have the most trouble with the novice swimmer who can swim a little but has limited knowledge of how to take care of himself. The opposite side of the lake, an off-shore float or some other ambitious attempt often gets the novice out beyond his depth. The diving board skill or

swimming prowess of a good swimmer is always a challenge to the beginner.

The non-swimmer is not such a problem to the life guards but he also sometimes ventures out too far into the water; he may fall off a dock or out of a boat; or he may float out into deep water on an inner tube and then lose it. Non-swimmers have even been known to water-ski with only a small life belt around their waist to keep themselves afloat if and when they fall into the water.

Ocean beaches are very accessible and popular in Florida. Tourists—and many Floridians—are unfamiliar with surf bathing. While the state has many hundreds of miles of beaches, it is a good policy to bathe only where there are life guards. Also it is not wise to go swimming alone.

Beaches are often plagued by currents. The along-the-shore current or runout may move a person into deep water. Currents of a river flowing into the sea make some places very dangerous bathing spots because of conflicting waves and eddies.

In the ocean, undertows (sometimes called backwash) are the most commonly feared currents. They are the receding movements of water after it has been piled upon the beach by the waves. Sometimes they are quite strong but they usually run only a short distance. If a swimmer is caught in a swift flowing stream, he should never buck the current but swim diagonally across it. He may be forced to

reach shore some distance from where he entered the water. If caught in a current that is flowing directly from the shore, the swimmer should conserve his strength, drift with the current and shout or wave his arm for help. The swimmer who is caught in an undertow should never buck the current but go out with it until he no longer feels the pull of the water. Then he should take a diagonal course to shore, working his way back with the aid of the breakers. The undertow is different from

other currents in that it runs deeper as it goes outward.

Non-swimmers should never go beyond the point where they cannot wade ashore and beginners should not swim where a strong undertow is present.

Anyone who goes swimming should be acquainted with safe water habits. He should know how long he can safely stay in the water; he should know what temperatures he can stand; and he should improve his aquatic skills. A person should not go swimming after eating, not because one will get stomach cramps and drown, but because swimming is a vigorous exercise and the average swimmer should not enter the water when his stomach contains semi-solid

A good boat owner keeps his boat well equipped for any emergency. Regularly he should check his fire extinguishers, life preservers, ropes and first aid supplies.



foods and gases from a hearty meal. What is often thought to be stomach cramps may actually be cases of heart attack from over-exertion. It is best to wait an hour and a half after eating. This will allow the initial period of digestion to get well underway.

There are a number of water safety measures which are important to all swimming activities. A few to be remembered at the beach, pool or lake are:

1. Swim only in a guarded area. Many miles of beaches, quarries, rivers or lakes are unprotected and fail to meet safe bathing standards.

2. Never swim alone. The more persons around you the better.

3. Never swim out too far. Chances of survival diminish with the distance from shore.

4. Do not develop overconfidence in air supports (inner tubes, air mattresses and toys). They can drift into deep water

and swimmers can find themselves in serious trouble.

5. Learn to float. This is your best defense in case you become fatigued. Do not become frantic and fight the water or you will become exhausted.

6. Never cry for help as a prank. Life guards may be occupied with you while someone else is actually drowning.

7. Always supervise children closely.

8. Never indulge in "horse-play" around the swimming pool or at the beach. Be considerate of others.

9. When going out in a small boat, non-swimmers should be accompanied by a person trained in life saving and the craft should not go reasonably far from shore. Before the owner of a boat goes out in his craft, he should know how to operate it, know how to swim and provide life preservers for everyone in the boat.

SNAKE BITES

WHILE SNAKE bites are not always thought of as accidents, they can be avoided by a certain amount of caution and common sense. Fewer people are involved than in most other kinds of accidents—5.5 persons suffered snake bites for each 100,000 of population and three persons died in Florida from this

cause during the past year. When they do occur, snake bites are painful and they may lead to an amputation of a limb or death.

Because he treated a number of amputations following snake bites, an orthopedic surgeon of Orlando recently joined a professor of anatomy from the Univer-

The diamondback rattler is a creature to shun. (If you stop to note the specie!) He accounts for more bites than any other kind of snake in Florida.



sity of Florida Medical School in asking the State Board of Health for a study of snake bites. The Florida Medical Association became interested in the project and set up a committee to help with a detailed study.

The study showed that out of the first 250 reported bites, 67 were by diamondback rattlers; 37 by cottonmouth moccasins and 35 by pigmy rattlers. Other snakes involved were copperheads and coral snakes. In 92 cases, the snakes were not identified. Six of the persons bitten were professional snake handlers, including one man who was bitten by a 15-foot king cobra. He received immediate assistance and lived.

Approximately one-half of the bites reported in the state were on the arms and one-half on the

legs. The most frequently bitten areas were the fingers.

In order to find out the relationship between the treatment of snake bites and the number of amputations, the State Board of Health asked hospitals in the state to report on the snake bites they treated. Ninety hospitals reported 281 bites during last year.

The reports showed that three times as many men are bitten as women. Snakes may be found in rural areas but the majority of snake bites occurred in the more populous areas. Out of the first 100 cases studied, 10 persons were bitten in or around their own homes and 10 persons were bitten in or at the edge of water. Most of the bites occurred in warm weather.

What can **you** do to avoid being bitten by a snake?

1. Because snakes like to hide beneath rocks and logs or sun themselves on top of such places, it is best not to provide sanctuary for reptiles around your home, especially if you live near woods or fields. Air spaces beneath homes can attract snakes and they should be kept clear of materials in which snakes can hide.

2. In order keep from being bitten while swimming, avoid localities where there are rock ledges or tree roots. Water moccasins are often found near such wet places.

3. If you are going hunting in woods and brush, the best policy is to wear heavy clothing and knee-high boots. Aluminum leggings also are available for further protection. Keep clear of clumps of brush for reptiles frequently hide in or near palmettoes. Never reach up on a log, rock or ledge without first looking to see if a snake is sunning himself there.

4. Never handle a snake (unless you are a professional). If you find one do not tease it. Few snakes look for a fight but they will attack if they are startled, cornered or annoyed. While snakes are considered unpleasant reptiles, they do their part to keep down the rodent population.

If you, or someone with you, is bitten by a snake, you must seek medical aid at once. Until medical help is given, there are

a few first aid measures that can be taken. Many drug stores stock snake-bite kits, consisting of a tourniquet, a razor blade or similar cutting implement, a suction cup and an antiseptic. Such a kit should be available to persons who frequent areas in which they may encounter poisonous snakes.

Immediately upon being bitten, apply a tourniquet several inches above the bite (between the bite and the heart). If a rubber tourniquet is not available, a necktie, belt or handkerchief will serve. This should be loose enough so a finger can be forced between it and the skin. The tourniquet must be released for about five minutes every 15 minutes or serious damage may be done to the limb.

Keep the patient comfortable, warm, calm and take steps to obtain medical aid. Under no circumstances allow the patient to run or take stimulants, such as coffee or whiskey. This increases the rate of the spread of the poison.

If the snake has injected very much poison into the body, swelling and/or agonizing pain may develop in the region of the bite. After the swelling develops, make small incisions (not more than a quarter of an inch deep and a quarter of an inch across) in the vicinity of the bite and start suction. This can be done by either the suction cup from the snake-bite kit or if none is available, by mouth. Snake poison is harmless to healthy tissues of the mouth and stomach.

PLATE GLASS DOOR HAZARDS

HAVE YOU ever walked into a glass door, not realizing it was there? A pilot study conducted by the State Board of Health and the Dade County Department of Public Health revealed that 21 persons were injured in plate glass door accidents within a six-months period. They received injuries ranging from a bump on the head to severe lacerations. Ninety stitches were taken in the forehead of an employee of the State

Board of Health after he walked into an interior glass door. He said his daughter had been playing with the door and he thought it was open. As he took the step, he looked down, saw the door's tracks and crashed into the glass.

Asked by the National Safety Council and the plate glass industry to conduct the study, the



Plate glass doors lend beauty to a building but they can be a hazard. Door handles and decals are often used to make people notice the glass so they won't walk into it.

State Board of Health conducted the survey as a preliminary to a nation-wide project.

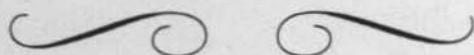
During the six months the inquiry was underway, firms that replaced plate glass doors were asked to report addresses of the sites where accidents had occurred to the County Health Department. Sanitarians checked out the facts concerning the accidents. More than 100 of the broken glass panels involved construction work, vandalism or thrown objects, but 21 of the accidents involved persons who had been injured.

Several County Health Departments are participating now in the national survey. The study is continuing in Dade County. Others starting the project are Palm Beach, Orange

and Volusia. Data from all over the nation will be used to determine if a construction code should be formulated for plate glass doors.

There are many reasons why people walk into glass doors. They may be pre-occupied with their thoughts, talking to someone or not watching where they are going. The light may be such that the door does not give back a reflection but is invisible. People sometimes have a tendency to be looking at an object or person on the other side of the door as they walk right into it. It is hoped that the national study will pinpoint the reasons.

Although future prevention of such accidents depends upon a construction code, if one can be set up, a design on the door, a steel bar or decal will help show people that the plate glass door is there.



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All counties in Florida have organized County Health Departments

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1963

When You're Sick



A 16th Century amputation was made under the most crude circumstances (as shown by this woodcut). Advances in medical knowledge, such as in antisepsis and anesthesia, have brought about miraculous changes in treatment and care of the sick and injured.

When You're Sick

"When You're Sick" you want to be helped. If you have the money you pay for a doctor and your hospital bill. But everyone may not have sufficient funds to take care of these very necessary expenses. And because we do not want anyone in Florida to go without needed hospital care, we have, as a state, set up a **Hospital Service for the Indigent Program (HSI)** and the **Public Assistance Recipient Program (PAR)**. These services are somewhat complicated and difficult to understand but you ought to read this **Health Notes** carefully — as the money for these programs comes right out of your pocket. But money is not the most important part of our story; it is the humanitarian effort made by all of Florida's citizens to take care of their own.

In centuries past millions of people died because physicians did not know what to do. Diseases, such as lockjaw, yellow fever, typhoid and rabies, often signaled the end of life's road. Epidemics of cholera, smallpox and bubonic plague swept across continents and there was absolutely nothing anyone could do to stop their dread advance.

Ignorance and superstition permeated the field of medicine. Barbers, witchdoctors, priests and "celestial professors" used gold pieces, leeches and boiling oil as cures. Illness was thought of as a visitation from evil spirits or the result of sin. Healing was fre-

FLORIDA HEALTH NOTES

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quently the exclusive occupation of religious orders — from the temples of ancient Egypt to a few faith cults of today.

Except for the spectacular advances made by modern science in public health practices and by the medically-related professions, the picture would be the same today. New drugs and medicines, new methods of surgery and treatment are giving Florida's citizens greater chances of recovery from illness and thus more opportunities to live, work and play. But hospitals, where these services are available today, cost a great deal of money to build and staff. The extensive training of physicians and other medical and nursing specialists costs so much that state and federal governments are helping young men and women to obtain their education in medicine, nursing, dentistry, pharmacy and other related fields. The cost of medical services, including nursing care, surgical and laboratory services, physical therapy and x-rays, continues to spiral, principally because of the tremendous amount of newer knowledge we have about the diagnosis and treatment of illness. And not only do these medical services cost the individual more money but expenditures for research in public health and modern medical procedure also continue to climb.

Many persons with low incomes are caught between the cost of living and the needs of their families and are unable to meet their bills for major illnesses and needed hospitalization. This issue of **Health Notes** will present a picture of what Florida is doing, through a program of medical care, to help its citizens who cannot pay their bills when major sickness strikes.

Before we get into a discussion of how this help is given, let's stop and pay tribute to the many doctors, hospitals and other individuals and organizations who often give of their services without fanfare or publicity. But the state also has a collective conscience as is evidenced by the following paragraphs.

The Patient

What does a person do when he cannot pay his large hospital bill? Once debtors were sent to jail. Must a Floridian mortgage his home and income for many years to pay a hospital bill? Only a few

do. Does he take the money used for the necessities of life to pay his hospital bill? Rarely in Florida.

This state was one of the first to recognize and to do something about the rapidly increasing cost of medical care. The cost of hospitalization was often a burden to the older person with a reduced income. Families who could barely make ends meet were being loaded down with huge medical bills. People with low incomes could not shoulder large medical bills because sickness often cut off their day-to-day earning powers and they had nothing left with which to pay.

Role of the State Board of Health

Florida's Law 401, which set up the Hospital Service for the Indigent program, authorized the State Board of Health to make the rules and regulations regarding the administration of the program. The Board developed a formula for allotting state appropriated funds to the counties; a procedure for county participation; a criteria for approval and acceptance of participating hospitals and methods of reimbursing the hospitals; standards of how to determine who is a medically indigent person, and if he needs hospitalization.

Before the 1955 Florida Legislature passed the state-county program known as **Hospital Service for the Indigent**, hospitals had the alternative of absorbing the cost of medical services to the indigent and soon going out of business (even if they were non-profit) or indirectly taxing paying patients who could perhaps finance only their own medical needs.

But here are a few examples of people who are unable to meet their bills for medical and hospital services.

***Mrs. C, 70 years of age, is a widow who lives with an older sister in their family home. Mrs. C's husband died suddenly 15 years ago and his insurance was just enough to bury him. The sister who



The admitting office of the hospital is the first place the patient goes when her physician recommends hospitalization.

never married, once worked in an office but is now retired. They receive assistance for their living expenses from Old Age Assistance funds which are administered by the State Department of Public Welfare. Mrs. C tumbles on a loose step on their veranda and fractures a hip. Surgery and hospitalization are required.

***Mrs. G is a widow with four children. She receives money under the Aid to Dependent Children (which comes from the source mentioned above) that provides only the necessities of life. One of Mrs. C's children, a four-year-old daughter, becomes ill with pneumonia and the physician says that she must go to the hospital.

***Mr. B, who is 67 years old, lives with his wife on his social security payments. By careful management they are able to buy

their food and clothing, meet insurance payments and keep an ancient car in operating order. One night Mr. B has a heart attack and he is rushed to the local hospital. He receives excellent care from the hospital staff but Mrs. B worries because she knows that their slim budget is not able to underwrite the extraordinarily high cost of oxygen tents, special medicines, and other expenditures of the emergency.

***Mr. S, 35, is a day laborer and breadwinner of his family of seven — a wife and six children. His salary does little more than supply his family with basic shelter, food and clothing. This is a thrifty family which has a hog, cow and garden to make ends meet. Their transportation is a worn-out sedan. Mr. S falls while putting shingles on the roof and injures his back. His physician insists that Mr. S be taken to the hospital at the county seat for diagnosis. Both men know that Mr. S will not be able to pay the hospital bill when he leaves the institution.

Old and young, these four persons have much in common. Their incomes are low; they need help with their large hospital bills.

Who Can Help Them?

No one wants to see a sick person suffer unnecessarily. We try to help our fellowmen, assisting those who are less fortunate than ourselves. These four people are only examples of cases that occur by the hundreds in Florida each year. Because hospitals are places of new hope and healing, the services they give are rarely denied to anyone. But they have employees to be paid, food and supplies to be purchased and repairs to be made. So Florida has attempted to provide assistance to those who need hospital care and cannot pay the cost of emergency hospitalization.

There are two different programs to help such people. The **Public Assistance Recipient** program has been set up by the state and federal governments to provide needed hospitalization for people who receive assistance under public welfare — such as Mrs. C and Mrs. G.

The **Hospital Service for the Indigent** is a state and county-financed program that assists people who can provide themselves

with their daily needs but cannot pay huge hospitals bills. Mr. B and Mr. S are in this group.

What Can Be Done?

Mrs. C, who broke her hip in a fall, is a recipient of an Old Age Assistance monthly grant, as we said. This enables her to receive medical care under the PAR program. Because she is over 65 and receives funds from public welfare, she may also go to a nursing home for a period of convalescence.

There are over 69,000 persons over 65 years of age who can receive such aid in Florida. Many have no income; they are in poor health and need assistance to live. Too frequently they have no family to look after them or their children are barely able to provide for themselves.

Mrs. G can get hospitalization for her sick daughter through the PAR program because she receives Aid for Dependent Children. Over 70,700 children in 24,312 families are eligible for such hospitalization. They are orphans, partly orphaned or children whose parents are unable to provide for them.

Other categories eligible for hospitalization under PAR are Aid to the Blind, of whom there are 2510 persons in Florida, and Aid to the Permanently and Totally Disabled, numbering about 12,700 persons. All of these groups are called **categorically indigent**.

Mr. B, who suffered a heart attack, can receive hospitalization under HSI. This program was set up for persons who are able to pay for their daily needs but whose budgets will not absorb the expenses of a large hospital bill. These people are called **medically indigent**. They can provide themselves with the necessities of life — food, clothing and shelter — but once they are acutely ill or injured they cannot pay for hospitalization as prescribed by a physician. And yet going to a hospital, it is believed, would help them to recover.

The medically indigent person, who can receive hospitalization under the state-county program, differs from the categorically indigent, who receives assistance in obtaining the necessities of life as well as hospitalization under the PAR program.

If Florida's Legislature passes an enabling act in the future,

Mr. B, as an older person, would be able to receive medical care under money provided by the Kerr-Mills Bill (a Congressional act which makes funds available to the states for health services for indigent persons over 65 years of age). Florida already receives



The patient is examined by a physician who decides what medical care is needed.

some money under a section of the bill which supplies money for hospitalization of Old Age Assistance recipients.

Mr. S is one of the more typical cases of the medical indigent in Florida. He is not old enough to apply for hospitalization under the program for the aged and neither is he on the rolls of the State Department of Public Welfare. Nor can he pay the big hospital bill that resulted from his fall. Because his accident was at home he is not entitled to Workmen's Compensation. But Mr. S is still eligible to receive medical care under Florida's HSI program.

It is you, the reader, who help take care of these less fortunate



The operating suite is one of the marvels of modern medicine. Physicians and surgeons donate their training and talents to serving Florida's indigent patients.

people through taxes paid to county, state and federal governments. Some voluntary agencies, such as The Florida Tuberculosis and Health Association, Florida Division of the American Cancer Society, United Cerebral Palsy of Florida and Florida Society for Cripple Children and Adults, — also assist with certain health services paid for by contributions from the state's citizens.

At The Hospital

Mr. S, who was injured in a fall, finds it necessary to go the hospital for an operation. He was examined by a physician who told Mr.

S that he must have surgery and hospitalization in order to get well.

On the other hand, Mr. B, who suffered a heart attack, was taken immediately to the hospital where he was placed in an oxygen tent. There was no question that he needed hospitalization — at once.

Both of the physicians knew their patients were unable to pay a big hospital bill. (The doctors also knew the men could not pay for their services.) It was a simple matter to apply for hospitalization under the HSI program. The physicians filled out forms (provided by the State Board of Health through the hospital) which stated that their patients were **acutely ill**; that they would be helped markedly by hospitalization and that they were unable to pay for the medical services. This form was also signed by the director of the County Health Department (CHD).

To come under the HSI program, persons must not be patients or inmates of any state institution or eligible for admission to any other state hospital program. Mr. S and Mr. B must not be permanently ill but expected to recover. They cannot be admitted to the hospital merely for care because they are old, senile or unable to take care of themselves. The Legislature, when it set up the HSI program, did not intend it to be used for domiciliary (permanent institutional) care of the sick and aged. And, of course, people who are able to finance their own medical services are never eligible for hospitalization under the program.

What About the Hospitals?

Hospitals which are supported by public funds, as well as private institutions, participate in the HSI program. In order to accept patients under the program, the hospitals must be licensed by the State Board of Health. They must have 10 beds or more, at least two licensed doctors on their staffs, one registered nurse on duty at all times, and have laboratory and x-ray facilities with qualified personnel to operate them. All of the normal routine services of the hospital are available to the indigent patients — surgical, nursing, laboratory, pharmaceutical, physical therapy and consultation.

The cost of these services are paid to the hospitals from HSI or PAR funds at the non-profit basic cost of the institution. This cost is based upon what the hospital has to pay for supplies, services and personnel it needs to continue operating. All of the costs of operat-

ing the hospital are divided by the number of patient-days of care given, thus determining the average cost of providing care for one patient for one day. If the daily cost is \$17.50 for a patient in the hospital, the institution is reimbursed in this amount for each day the patient is there.

Long-term patients, such as those with mental disorders, diseases of the circulatory system, diseases of the bones and joints and senility (old age) seldom use all of the services the hospital must provide. The short-term patients normally use all of the services and cost the hospitals more money.

The HSI program reimburses hospitals for hospital services given to indigent patients. **It makes no payments to the physicians of Florida, who were backers of the Legislative act which brought about the Hospital Service for the Indigent program. They give their professional services to the needy without charge.** The state does not pay them a fee. In many cases they contribute professional services equal in value to the cost of the hospital care program.

Where Does the Money Come From?

A great deal of money is needed to carry out the hospital program for PAR and HSI. This money comes from two major sources. For the state-federal (PAR) program, Florida appropriates approximately one million dollars each year to match more than two million assigned to the state by the federal government for this specific purpose.

The Hospital Advisory Committee

Florida Law 401 set up a Hospital Advisory Committee to work in consultation with the State Board of Health on the Hospital Service for the Indigent Program. The committee reviews the policies of the HSI program and makes known to the Board the problems connected with it. Currently serving on the committee are: Lake Lytal, County Commissioner, Palm Beach County; Don S. Evans, County Commissioner, Orange County; Phillip Hampton, M.D., Tampa; and Edward Jelks, M.D., of Jacksonville; Attorney Frank Kelly of Miami; and two hospital administrators, Joseph McAllon of Memorial Hospital, Hollywood, and Ben Wilson of Munroe Memorial Hospital, Ocala.



Nursing care helps the patient to recover from surgery or the sickness that brought him to the hospital.

For the state-county (HSI) program, Florida appropriates over one million dollars a year from general revenue for its share of the payments. The law limits participation on the part of the state to 50 per cent of the program. In actual practice, the State Legislature has not participated to the full extent of the program—setting aside only enough money to take care of approximately one-third of its share.

The counties contribute 50 cents per capita each year they participate in the program. The Board of County Commissioners—or a board authorized under a special act—votes to participate in the hospital care program; establishes in its budget a fund for “Hospital Service for the Indigent”; appropriates the necessary contribution for its current population; and determines which of the two methods of administration it will use. The counties can make direct payments to the hospital or place the county funds in the State

Treasury where it is administered by the State Board of Health.

From time to time counties join the program or drop out of it. At this writing, March 1963, seven of the 67 Florida counties — Gadsden, Gulf, Holmes, Lee, Wakulla, Washington and Jackson — are not participating. State money appropriated for the program is therefore apportioned to the remaining 60 counties according to their population.

What Does the Money Provide?

State and federal money (PAR) which is appropriated for public assistance is used in two ways — **direct grants and vendor payments.**

Direct grants are made to Mrs. G, who has four children, and Mrs. C. and her sister for food, clothing, shelter and household expenses—including cooking and heating fuel, lighting and refrigera-

An oxygen tent is essential to the proper care of some patients. Every hospital service is available as needed to patients under the HSI and PAR programs.



tion. In special circumstances, money is allowed for special diets, housekeeping services and day care for the children if the mother is employed. These grants are paid by the State Department of Public Welfare.

Vendor payments are made by the State Department of Public Welfare to druggists, hospitals and nursing homes for services given to recipients of public aid. When Mrs. C leaves the hospital, she is eligible to go to a nursing home. Only persons who receive Old Age Assistance are eligible for this service. Mrs. C can also go to a drug-store and obtain medicine prescribed by her physician. Adults who are on relief rolls are also eligible for this drug service.

Public Assistance Recipient (PAR) is a term applied to four separate programs which are supported by state and federal funds. These categories are: Old Age Assistance, Aid to Dependent Children, Aid to the Blind and Aid to the Permanent and Totally Disabled.

The State Board of Health is the vendor of hospital services in Florida. Under an agreement with the State Department of Public Welfare, the Board administers and the CHDs carry out the hospital programs which give medical care to recipients of public welfare.

However, persons who receive hospitalization under public assistance are limited to 30 days of care during a year. Under certain conditions a person who cannot be discharged after 30 days of hospitalization is transferred to the HSI program after he has used his allotted time under the PAR program.

The HSI program provides hospitalization and related medical services to persons of all ages — provided they meet the basic requirements, including the length of residency. Regulations by which the program is administered state that the medically indigent person must be a resident of Florida and the county in which he lives for one year.

If a person is not a resident of the state, the law authorizes the State Board of Health to set aside special funds to take care of such persons temporarily. When this money gives out, the counties must pay for the hospitalization from their own funds.

How do you determine if Mr. S is medically indigent and eligible for HSI? He's not on welfare rolls. He can meet his daily needs but

he cannot pay a big hospital bill. The CHD sets up the standards by which it can be determined if Mr. S is eligible for HSI. Such standards are based upon the living conditions and other customs of the county. Except for reviewing the county's requirements, the State Board of Health does not enter into the picture of determining if Mr. S is medically indigent. This is always done locally.

Role of the County Health Department

The responsibility for carrying out the HSI program is in the hands of the director of the CHD. He is sometimes referred to as the County Health Officer (CHO). The patient's physician informs the director that he has a patient who needs medical or surgical care and suggests a hospital where such services can be provided.

The physician must give a definite diagnosis when he recommends hospitalization. Mr. B, who was mentioned earlier in this **Health Notes**, was admitted to the hospital with a heart attack — a definite diagnosis. The physician, who sought admittance for Mr. S under the medically indigent program, also had to give a tentative diagnosis — such as a ruptured disk — not a symptom. The director must review the diagnosis given by the physician to make sure it is a bonafide reason for the patient to be admitted to the hospital. The law uses the terms "acutely ill or injured" and this is applied as a measuring stick.

The director of the CHD also must authorize the number of days allowed for the patient's hospitalization and if more than 30 days are needed, he must investigate the request.

Another of his duties is the endorsement of payment, whether it is to come from the County's HSI Fund or the State Treasury. He may utilize the staff of the county social service or welfare agency for determining the financial status of the medically indigent patient. Many times this is done by a telephone call to a storekeeper, a neighbor or a person who knows the circumstances of the particular individual or family.

The director of the CHD is also responsible for keeping records of the cases of hospitalization of the indigents in his particular county. A complete file of cases throughout the state is also kept at the State Board of Health.

This is a big job for the CHOs. In 1961, they approved over 15,500 cases of hospitalization for PARs and over 17,000 hospital

admissions under the HSI program. Under both programs, indigents spent 301,580 days in Florida's hospitals in that year. This hospitalization was paid for by some \$3 million in state and federal funds (PAR) and \$4.1 million in state and county money (HSI).

In some counties, the director authorizes another agency to handle the HSI program. In some, it may be the administrator of the hospital district; in others, it may be another agency, such as the county welfare department. However, the CHO retains the basic responsibility for the administration of these services.

The Community Nursing Service

A part of every medical care program is the need to take care of patients who are not acutely ill enough to be in the hospital but who are in need of part-time professional nursing services at home. These services may include assisting in the rehabilitation of a stroke victim, instructing a diabetic to give himself injections, changing a surgical dressing, teaching a mother how to bathe a baby or other simple bedside nursing measures. The trend toward home care

Going home is usually a happy day for the patient. She can only be discharged on orders from her physician.



There are many other sources of money for medical care than those discussed in this Health Notes. Patients who pay their own bills are the principal source. Other major sources are commercial insurance companies and Blue Cross and Blue Shield; governmental funds allocated through Workmen's Compensation, the Florida Crippled Children's Commission, Division of Vocational Rehabilitation of the State Department of Education, Florida Council for the Blind, Medicare and the Veterans Administration.

leaves hospitals better able to care for the acutely ill and critically injured.

Florida is meeting this home nursing need with several types of programs.

One program, **Visiting Nurse Associations (VNA)**, is active in several Florida cities. These groups are supported by fees from patients, contributions and local CHDs and work in cooperation with the latter.

The **combination service** which is growing in Florida, is a program where the public health nurses work under the direct supervision of the CHD and a local advisory committee. Each nurse, in carrying out the full nursing program, cares for the sick and teaches also about the prevention of disease and the promotion of good health.

In the educational aspect of her work, the public health nurse teaches the families of the sick how to take care of the patient, pays regular visits to the local schools, assists in the rehabilitation of persons with chronic illnesses, instructs mothers on how to safeguard their children's health and assists in the prevention of accidents around home. These are among the many services rendered.

The public health nurse does much of her work with the sick as part of the medical care program. Frequently a neighbor calls the CHD and reports that Mrs. K is in need of assistance. The public health nurse calls on Mrs. K. Perhaps she has fallen, has a cut on her arm which has become infected, and has a fever. The nurse dresses the wound and makes her comfortable. Upon returning to her office, the nurse notifies the patient's physician of what she observed and any further visits to the home must be made at the

request of the doctor after he has seen the patient. The public health nurse also checks on persons who are discharged from the hospital and are convalescing at home or in a nursing home. Most of her bedside nursing however, is showing someone how to care for the sick person.

All of these nursing services are available in most Florida counties. Those patients who can pay for the services are charged according to their ability to pay. Patients under PAR and HSI programs receive the service free of charge. Since the law does not permit CHDs to collect fees for nursing care, the receipts collected by the nurses are turned over to the local citizen's advisory committee, which administers the program. These funds help pay the nurses' salaries and take care of other expenses of the service.

(For further details, see Florida Health Notes for February 1962)

Florida's Cancer Law

The Florida Legislature in 1947 passed a law that started a program for the care and treatment of persons suffering from cancer. The law instructed the State Board of Health to establish regulations for the organizing, equipping and operating of tumor clinics throughout the state. There are 24 such clinics in: Bradenton, Daytona Beach, Fort Lauderdale, Fort Myers, Fort Pierce, Fort Walton Beach, Miami Beach, Ocala, Orlando, Panama City, Pensacola, Sarasota, St. Petersburg, Tallahassee, Tampa and West Palm Beach. Also, two in Gainesville, two in Jacksonville and three in Miami.

The Cancer Control Program worked out by the Board, operates in close liaison with such official agencies as the U. S. Public Health Service and CHDs; professional agencies, such as the state and county Medical Societies; unofficial agencies, such as Florida Cancer Council and Association of Tumor Clinic Directors and voluntary agencies as the Florida Division of the American Cancer Society.

In its education phase, the Cancer Control Program of the State Board of Health assists in the training of public health nurses and tumor clinic personnel so that they will be familiar with work among cancer patients. It also sponsors seminars for physicians and workshops for persons connected with the program. The Cancer Society does most of the educational work with the general public.

Admission to the Clinic

Whenever a physician suspects that he has a patient with cancer, the first step is for him to apply for the admission of his patient to a tumor clinic. When the patient is admitted, the physicians at the tumor clinic are furnished with a medical history of his case, x-rays, reports and any pertinent laboratory findings that led the physician to suspect the malignancy.

The Florida Division of the American Cancer Society, if financial assistance is needed and if funds are available, helps with transportation, room and board for the patient. These requests must be approved by the secretary of the local cancer society or CHD.

The Tumor Clinics

The tumor clinics are usually located in a hospital and staffed by a director, surgeon, internist, pathologist and radiologist. They also have consultants in women's diseases, eye, urinary tract, ear, nose and throat, the lungs, children's crippling diseases and the skin. These physicians donate their services. They do not receive a fee.

The clinics provide laboratory and x-ray examinations. After the first examinations, the clinic director requests the necessary laboratory services for completion of the diagnosis or treatment of the case. If the patient is medically indigent, the money is provided by the state for the outpatient diagnosis, x-ray, laboratory studies, rental of radium and hospitalization. The patient is hospitalized only if his case is operable and he has a good chance of recovery.

The diagnosis is the deciding factor in the question of follow-up of cases. A benign (harmless) tumor is the cue to consider the case closed, both to follow-up work and state assistance. A diagnosis of malignancy indicates the possibility of additional hospitalization and follow-up studies.

Once a year the patients who have a malignant growth are studied for possible signs of the tumor's growth. With this system of follow-up, patients are given a better chance of surviving the disease. While the tumor clinic personnel are responsible for obtaining current reports on their patients, the CHDs assist in locating and encouraging patients to visit the clinics. Because extensive reports are necessary in the study of cancer, the State Board of Health supports cancer registries in the clinics where records of cancer patients in the state, the types of tumors, treatments and



The public health nurse calls on the patient only at the request of his physician. This patient is being checked for edema (accumulation of fluids in the tissues).

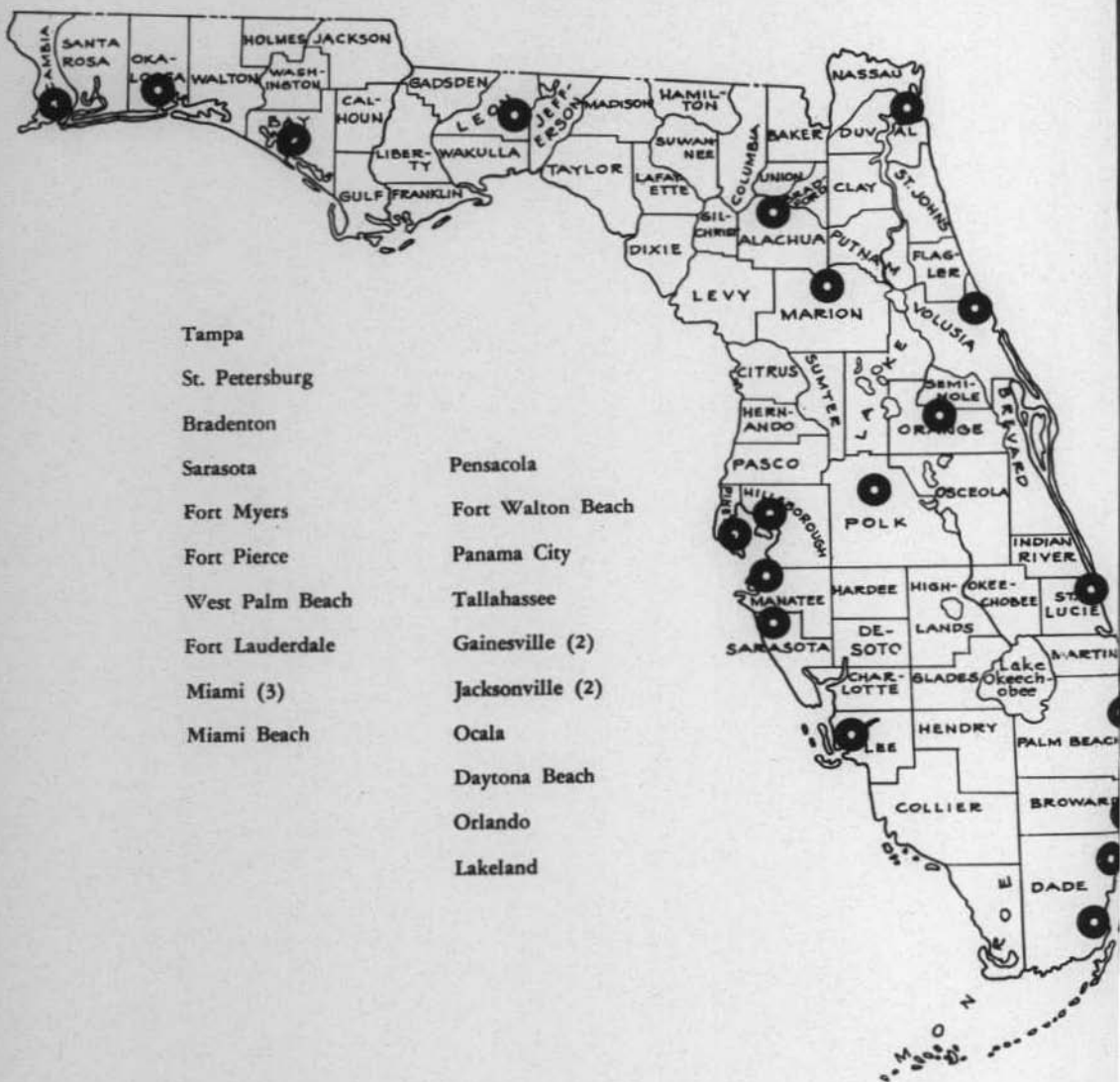
other pertinent facts are kept.

Why HSI and PAR?

Why has Florida enacted these programs about which we have been talking?

We feel that all citizens should have available to them all of the advances of science and medicine — whether they be rich or poor. Due to the Jewish-Christian heritage of our society, we make an attempt to provide those who are less fortunate with hospitalization and medical care. People who do not have this heritage sometimes are less likely to provide their needy with these services. No one can predict the future, but undoubtedly Florida will always want to help those who need help.

TUMOR CLINICS IN FLORIDA



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All counties in Florida have organized County Health Departments

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Delights and Follies
Of Growing Old

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This older volunteer, a great-grandmother twice, is a member of a hospital auxiliary and spends several hours each week visiting out-of-town-patients. She has 1000 hours presently to her credit.

DELIGHTS AND FOLLIES OF GROWING OLD

by Edward L. Bortz, M. D.

WHILE WATCHING the St. Louis Cardinals professional baseball team in spring practice at Al Lang Field in St. Petersburg, I heard cheering and shouting coming from another area a few squares away. On inquiry, my friend, with a smile, told me the Kids and the Kubs were playing a softball game; the score was tied with two men on base and two out, the Kids' best hitter was at bat. I certainly wanted to see this.

In a few minutes I was seated in the midst of a cheering crowd. The 79-year-old hit to the left outfield and the winning run scored. Enthusiasm and high spirit filled the air.

I'd never witnessed such an event before. The Three-Quarters-Century teams were composed of players over 75 years of age. When I asked the coach if any accidents ever occurred, he said, "Yes—occasionally a spectator may get excited, and last week a man missed a step in the bleacher and skinned his shin pretty bad."

FLORIDA HEALTH NOTES

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"But," I asked, "How about the players?"

"As a matter of fact," the coach replied, "We have very little difficulty. However, one of our players several weeks ago had a mild heart attack while trying to reach second base. He wasn't laid up long; if you want to speak with him, I'll call him over. John, here's a doctor who would like to talk to you."

John was out of the hospital after a short stay but was not permitted to play for the rest of the season. When I queried him about the "accident" he smiled and said, "The coach should never have urged me to try to reach second base, for I was out." When I pressed him about the heart attack, he replied, "That was a nuisance and really didn't give me much trouble except for my visit to the hospital. I'm as good as ever, now."

Talking with several other Three-Quarters-Century stars, I was impressed by their sparkle and joy in living. For them, each day was a new delight with promise of further action in the future. The ages of the players ranged from 76 to 89. Quite a number of the agile seniors were past the four-score milestone.

In this community, geared to the needs and comforts of older citizens, too, city officials have created facilities and services to make the oldsters' lives more interesting and enjoyable.

Throughout the nation, particularly in year-round warm climate regions, whole new communities are appearing in response to the needs of the elderly. This is especially true in Florida.

Pollyanna Suburbs and Geriatric Ghettos

PUBLIC interest in the health and welfare problems of our less fortunate fellow citizens has come a long way since half a century ago. On the edge of town, the poor farm or the county home, or even an occasional workhouse, was the receptacle for the community's unfortunate, mostly elderly citizens whose resources were exhausted. In the cities' nursing homes, there was much to be desired. With inadequate facilities and personnel, the plight of the aged was mute evidence of little interest on the part of the community leaders in their misfortune.

Now, public spirited citizens and interest on the part of the government have brought about some changes in past attitudes. In Great Britain and the European and Scandinavian countries, facili-

FOR THE FIRST TIME in many years we are publishing an article by a guest writer in **Florida Health Notes**. This is being done because of the eminence of the author and the importance of the topic and the merit of the article itself. I have known Dr. Bortz for many years. He has had a distinguished career as a physician and is a former President of the American Medical Association. During my recent tour of duty with the U. S. Public Health Service as Chief of its Office on Aging, I was fortunately able to renew my acquaintance with Dr. Bortz and to discover that in addition to his other accomplishments he had developed and was an exponent of a viewpoint and philosophy on the subject of aging that seemed to fit very well the needs of the older segment of our population. With his approval, many thousands of copies of one of his articles were distributed from that office throughout the country and they were enthusiastically received.

We at the State Board of Health are particularly fortunate that Dr. Bortz has been willing to write for us and for our readers a special article. What I personally and particularly like about his approach to the subject of aging is his accent on the positive, pleasant and potentially productive aspects of this period of life. I am sure that the readers of **Health Notes** will agree.

Wilson T. Sowder
State Health Officer

ties were constructed to furnish more homelike dwellings for the older members of the population.

In the United States, particularly since World War II, there has been an energetic move throughout the nation to eliminate the eyesores and ghettos of the past. Rehabilitation of individuals with long standing illnesses has resulted in remarkable economies for the tax-paying public.

Elaborate units, apartment types, duplexes and single unit dwellings, ranging in size from 25 to over 6,000 accommodations, are springing up. Facilities are available for single persons or couples. One, two or three room designs may be purchased outright plus a monthly or yearly rental charge for necessary services.

Medical care is available with dispensaries and, in many communities, full-time professional care with doctors and nurses on call around the clock.

Housing the elderly has become a major concern of the Federal Government. Large sums are now available to facilitate the construction of houses for those over 65 years of age.

Since the European nations and Great Britain have a larger proportion of old people (except Italy with eight per cent) than currently found in the United States, they have experimented in the arrangement and creation of new dwellings for old folks. In addition to government housing, various religious denominations have moved forward in establishing abodes for older members.

Now, in an active constructive stage for additional housing for the elderly, the general emphasis is on communal type centers emphasizing basic services and entertainment; but this tendency to promote segregation of older citizens in large units may accentuate their feelings of isolation and removal from the stream of useful community living.

A visit to many "homes for the aged" in various European countries, South Africa and in our own nation gives rise to the suspicion that something more than housing, entertainment and "golden age" activities is needed. There are significant basic intangibles which give living in the upper years a luster and emotional glow, an ingredient of human values that, when absent, results in the appearance and feeling of futility and emptiness.

In a conversation with the director of Welfare of one of the most advanced nations of Europe, he expressed his disappointment that, in spite of good housing, protective financing and entertainment, there was an attitude of defeatism, boredom and futility which, among other factors, was a possible cause of more alcoholism, divorces and suicides. The director expressed the hope that a more satisfying existence for the vast numbers of elderly might be designed.

In these times of rapid changing concepts concerning the nature and aspirations of older individuals and their communities, the architectural forms created for them is a reflection of society's views of the place they should occupy in the community.

Granted, we have progressed far along the highway of commun-



Dr. George A. Dame (right), a former director of the State Board of Health's Bureau of Local Health Services, is still active as consultant to the Bureau even though he is 81 years old. He confers with Dr. Hubert U. King, assistant director of the Bureau.

ity evolution from the times of geriatric ghettos and work farms so common at the turn of the century, there is far from general acceptance that isolation of older people in suburban villages, or city apartments is the answer to their needs.

The Family, the Basic Unit

THE DELIGHTS and enduring satisfactions sought by young and old alike are rooted in the warmth and security which, in its finest expression, pervade the family unit—no man is an island, as all doctors know so well. Overwhelming evidence indicates the importance of family bonds of love and affection, respect and solicitude which mark the well-adjusted family. When these intangibles are lost in aging, the elderly face a difficult future.

If older citizens, in the future, retain their physical vitality,

mental alertness and productive capacity; their accumulated knowledge, understanding and know-how, they will be able to contribute generously to the younger members of the family. For the young can learn from their grandparents and the wise elders have much to gain from sympathetic companionship with the young. For youth is a time of high hope, expectancy and apprenticeship. Age is a quality of mind, an attitude, an image of what the youth will someday become.

Whether the young have respect and a desire to be with grand and great-grandparents is determined by the charm and understanding the latter extend to the new members of the family.

In a flexible and highly mobile society with ease of communication and transportation, it is neither important nor desirable to encompass all family members in one dwelling. Family bonds, the ties that bind, may be vitalized for the benefit of young and old in sharing experiences, recreation and often in common labor. Segregation defeats the common purpose and weakens family ties.

The need for solitude and creative leisure is a very real part of growing with the years; but frequent family contacts also encourage long life.

Why Women Live Longer

IN A FAMILY I have known since childhood, there were twelve children. The mother died from cancer of the uterus, the father from diabetes. Of the children, six boys and six girls, one son and five daughters are living.

About the turn of the century and before, there was a slight predominance of males over females in the United States population. The acute infections and nutritional maladies were widely fatal to both sexes. Yet, not rarely, a rugged, hard working man might outlive two or even three wives. There were giants in those days.

The trend to the cities and the expansion of the white-collar executive class addicted to long hours, overindulgences and little exercise, brought about a way of living that became characterized by the so-called diseases of civilization—ulcers, high blood pressure, overweight, alcoholism, chronic toxic states from excessive tobacco, food and avoidance of physical activities; the stress maladies—the trade mark of modern American way of life.

Living in a charged environment of speed, pseudo-efficiency and emphasis on material rewards has, unwittingly, brought about a speeded-up daily living routine which is destroying thousands of our finest leaders in various communities of the nation.

Why do the men break in their forties, fifties and sixties? Medical science is now close to the answer. Under office and business pressure there is a continual secretion of special hormones from the endocrine glands, into the blood stream. This invites high blood pressure. Added to this, gain in weight from lack of exercise and loss of rest sets the stage for a heart attack or stroke. It is the pace that kills. Now the precursors of these catastrophies can be identified before damage occurs — if individuals will consult their physicians.

The women—yes, they, too, may develop high blood pressure, or gallstones or cancer. Overweight is the great vice. But studies indicate that women may more frequently require medical care yet they live longer. According to Metropolitan Life Insurance Company statistics, the present ratio of widows to widowers is four to one.

Shuffleboard provides recreation and some physical activity for many of Florida's elderly residents.



whereas at the turn of the century it was just about two to one. In the past 20 years, widows are increasing by approximately 100,000 per year. In 1961, some 550,000 wives became widows and as of March in 1961, there were some eight and a quarter million widows in the United States. Of these, nearly three-fifths were 65 years of age or older and but one of every 17 was under 45. Therefore, it appears that, with advancing age, the proportion of widows to the total number of women is steadily increasing.

Why? And what can be done about it?

In the first place, no exact scientific explanation is available, but it would seem in Nature's Book, the female of the species is more important than the male. There is much impressive evidence to support this theory. Through the ages in tribal and clan life, the women have been the beasts of burden, while the men, the warriors, hunted or fished and waged war and were killed or captured. The women tilled the fields and raised the young. So, by the sweat of their brow, they developed a hardiness to fit them better for life's longer journey.

And, biologically, as long as the sex glands, the ovaries, are intact and functioning adequately, the female body possesses an effective agent to limit the onset of hardening of the arteries, (arteriosclerosis), the chief killer of the male sex.

If, perchance, the woman, by disease or accident or tumor, is deprived of her ovaries, she then may be as vulnerable as the male to early arterial deterioration. One impressive proof of this is the administration of female sex hormone to men. To the less hardy males, this sounds promising. Unfortunately, though there may be avoidance of hardening of the arteries by use of the female extract, undesirable side effects appear as enlargement of the male breast, change in skin texture and occasional annoying voice changes. The men, therefore, have decided to take their chances with their unaltered masculinity.

How to Stay Young?

LIVING in a youth-oriented culture with accent on the precocity of youth, the measured pace of older people lacks the luster and acceleration which characterize the younger in heart and years. The fullness of life which can only be known when the individual is well along his life's journey, well beyond the half-

way, 50-year milestone, lies still in the future for the youth and young adult. Many individuals have erroneous ideas and as the years lengthen, they hopefully and silently yearn for the appearance and performance that they knew in times long past. Yet, a calm appraisal of the enduring values which give life meaning will reveal the depth and understanding and charm that comes with the well-ripened body and mind.

Some months ago I was invited to contribute an article to a leading weekly magazine. The editor suggested that the title of the article be "How to Stay Young." When I refused, the editor inquired why I had done so. My reply was, "I am not interested in arrested development." In my opinion, endeavoring to stop the progress of life's ongoing experiences from one year to the next, with the desire to hold onto childhood fantasies and experiences, is a sure way to premature old age. The zest for the next experience, looking forward to what's ahead, is absent. The bliss of growth and the joy of action at a more mature period of life is lost. This is a shallow expression ("How to Stay Young"), which, unfortunately, represents the defeatist attitude of many who are approaching the summit years.

Autumn Romances

FIRST APPEARANCES are often deceiving; even second appearances may fail to offer much information. A 76-year-old, unkempt, unshaven man ambled into the office. He was certainly unhappy and dissatisfied with conditions in general. He looked much older than his years and everything about him suggested despair and loneliness.

"Doctor," he started, "I've come to get some vitamins or some other medicine to make me feel better, temporarily. I'm an old man and my dog and I are entirely alone in the world; have no relatives and no friends. I'm about finished but I'd like to feel a little better.

Now, don't worry about your fee. I've got money and I own a farm. My dog and I live there and we don't bother anyone. But the dog's sick and unhappy and so am I."

This kind of situation happens frequently. The loneliness of old age, the isolation, the slipping into a rut, the loss of spirit. When



Two jugs, a piece of driftwood and a seashell hold the attention of two golden age art students and an instructor. Age has no limitations for creativeness.

hope is gone, there is no future. After a few preliminary questions, I thought I would try a different approach to finding an answer to this man's need. Confidentially, I had an idea it would work.

"John, I'm afraid I can't help you. I hardly believe you are willing to accept my suggestions. I think we had better not start because you won't cooperate."

"Now, wait a minute, Doc, I want some vitamins and I need help. I can pay you."

"John, it's not the paying me—and furthermore, you need considerably more than vitamins," I answered. "I'm afraid you won't follow through."

This challenge interested him. So, we reviewed his situation and analyzed his present status.

To begin with, his diet, elimination and daily routine were faulty.

He was in need of a new approach to life's problems. He challenged me to make him feel better and agreed to follow instructions implicitly.

"John, here is a diet list. Your blood is a little below par. I want both you and your dog to improve your energy supply. With generous amounts of applesauce, rhubarb, fruits, salads and liquids, your strength and elimination will improve. You tell me you have enough money. I'm suggesting you purchase new clothes including a nice white shirt and necktie. Follow these recommendations and come back in two weeks. One final item, John, find out who your neighbors are and win their friendship."

In two weeks a transformed man came in to see me. He was clean shaven, bright-eyed, with a spring in his step.

"I feel so much better; and my dog's better, too. And, say, I have some very nice neighbors. I called on them and they are coming to visit me."

So, John found himself a new way of living. From despair and isolation he learned to make new friends. Later, I suggested he join a church a few miles above his farm. Three months later he came to see me. Slyly, he told me he had made some new contacts through the minister. Among them was a young woman of 64.

"You see, I'm 76, but we have a lot in common."

From then on, I told John he was entirely on his own. There are many decisions a doctor should leave to his patients.

A 52-year-old woman entered the old Lankenau Hospital because of jaundice, fever, backache and general malaise. Her husband and 18-year-old daughter were reassured that the condition was not serious but would require several weeks sojourn under medical care. The fact that her menstrual period did not occur was accepted as evidence of "change of life" since her age was in line. On her return home, after a nice recovery, she noted a mild increase in her breasts and a swelling in the low abdomen. On examination, the diagnosis was changed from menopause to "normal pregnancy." Her principal embarrassment was expressed as, "What shall I tell my 18-year-old daughter?" All went well, and the newly arrived baby thrived and grew into a boisterous, attractive boy.

A recent report of the **Journal of the American Medical Association** cites the experience of a 52-year-old woman who was de-

livered at the Memorial Hospital in Long Beach, California, of two babies after her fiftieth birthday. While it was the first child for the 63-year-old husband, the mother had four other children: ages 30, 28, 22 and two years and nine grandchildren. Although the mother stated that she was considerably more nervous with the two recent children than the three she had over 20 years earlier, it was her opinion that "taking care of babies is a lot easier than it used to be with all the prepared foods." She further stated that she would not recommend other women 50 to become pregnant because, "I'll be walking around with a cane before this one is old enough to take care of himself."

There is evidence that sex potency may prevail far into the higher years. Viable male sex cells have been found in men over 80.

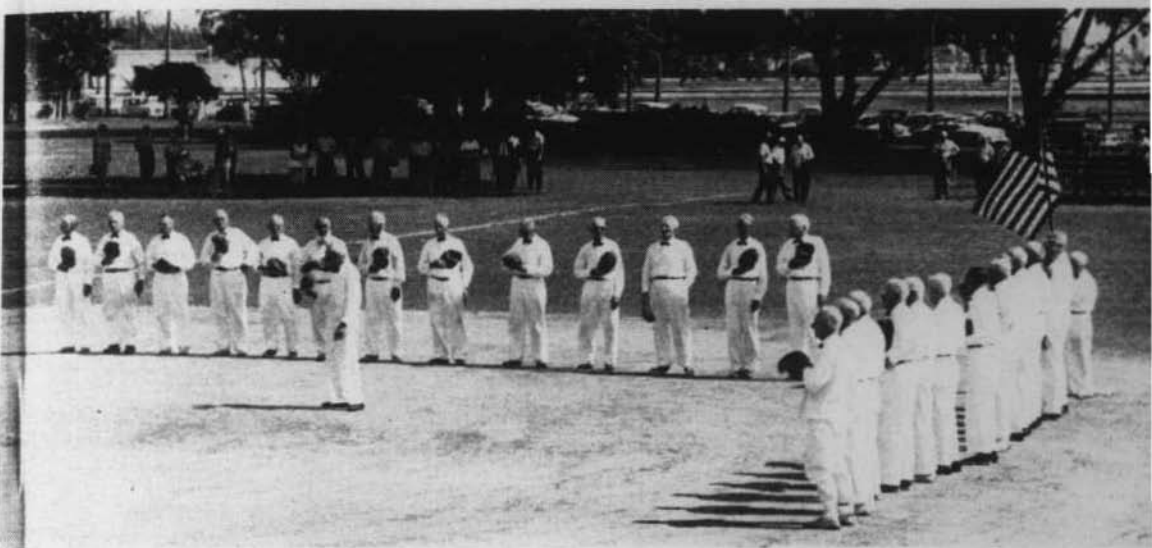
While no proven case of pregnancy has appeared in women beyond the fifties, the turn of events in studies to avoid pregnancy may bring about startling possibilities.

Biologists estimate that a certain definite number of female reproductive cells (ova) represent the total number of cells a woman can form during her reproductive period. If, by contraceptive means which prevent ovulation, that is, the passage of the ovum through the woman's tubes and uterus at monthly intervals, is suspended, these cells, thus held up in passage, may await a favorable interval when again the flow of the ovum will occur. Theoretically, a woman's reproductive potential may be given longer spacing—and the possibility of pregnancy in later years may then arise.

As the human race is still comparatively young in its upward evolution, it may, by extending biological rhythms, widen the period of reproductive fertility with all of the pleasures and problems of earlier years plus the precarious complications attendant upon child-bearing in later life.

Things That Matter

A CERTAIN LET-DOWN is natural as we grow older, that is, a diminishing of physical strength. It's surprising, however, to find out how much strength we do have, that can be demonstrated by regular exercise. I've asked many old persons what they value most, what they want more than anything else. The answers are so human, so direct, so close to the heartbeat of each one of us, regardless of age.



The Kids and Kubs teams, with members between the ages of 75 and 90, prepare for a ball game in St. Petersburg. Playing two or more seven-inning games a week during the winter season gives the men a zest for living during retirement. (At right) There is plenty of action as a base runner beats out a throw to home plate.



To be healthy, to realize the ability to carry on and not be a burden. There are common failings: weakness, weariness, no appetite, constipation, insomnia and vertigo. So many old people silently suffer, perhaps relating them to "the infirmities of age," yet a candid talk with their personal physician would eliminate the condition.

The silent, often unconscious fear of the elderly is loneliness. At any age the most potent support is the warmth and affection of family and friends.

Some years ago, Victor Moore and William Gaxton starred in a Broadway hit, "Of Thee I Sing." This play was a subtle satire on political parties and their activities. The first act shows politicians in search of a great slogan. Unable to settle on a subject, they finally ask the chambermaid in the hotel:

"What is the most important thing in the world?"

"Love," she promptly answers.

So, the campaign carries on to a great success on this, above all the most important topic in the world.

In the busy working world of today, machines have enmeshed the nation's millions, young and old, moving hither and yon; a star gazer from another planet might observe this scene with wonder. If he had the ability, however, to look deep within the heart of all humanity, he would identify the most potent driving force in the world. Without the experience of love and affection, life is a waste. So in tune is its meaning and so important, too often we hesitate to reveal our affections in fear of appearing too sentimental. It was Alexander Pope, I believe, who reflected, "A friend is God's masterpiece."

My Dad used to tell me, "Son, if you want friends, be friendly."

Too frequently, as we grow older, we neglect to cultivate new friends as our old ones move on. This is so elemental, to keep our bonds of friendship in good repair. We fulfill our mission in service to others. When an older person has no mission, no service to render, when he is ever on the receiving end—never giving out, he is in danger. When this is realized, it is the key to maintaining our health as we enter the golden years.

The older woman has an even greater opportunity for service. There are more demands now for services which older citizens require and jobs are continually appearing for aid to the less fortunate.

Most of all, the image one has of oneself conditions the reactions of those around him. The joy, the delight of reaching the summit of the years is reflected in our actions.

Aging Scientifically

TO STATE a hypothetical case for man or beast:

Optimum living at any age implies the utilization of all known information that, taken advantage of, will result in a minimum of deleterious changes in body structure and performance as we grow older. Our behavior is determined pretty much by what we want rather than what we need; that is to say, we are predominantly emotion-controlled rather than reason-controlled.

Clive McCay, the brilliant chemist-philosopher, has demonstrated that aging in rats can be so delayed that those animals raised scientifically will live twice as long as the average specimens. The experiment is not difficult. It merely requires reduction of food intake. I have often talked with McCay about the meaning of his experiments. He is convinced we now have sufficient know-how so that the average life expectancy of human beings might be greatly extended. He recommends a simple diet of raw vegetables, carrot juice, lean-broiled meat, cereals and generous quantities of liquids, including fruit juices.

In other conversations with McCay, Ratcliffe, Kinsell, Keys, Nils Larsen and other leading scientists, there is general agreement on the basic importance of a well-balanced diet with caution concerning weight gain. Generous exercise, particularly in the middle and later years, is recommended by practically all the experts.

Strict avoidance of prolonged exhaustion (called stress by some authorities) helps to avoid excessive wear and tear.

If each member of a family—parents and children—were to keep a Health Maintenance Record with entries at regular intervals stating the condition of the body, it would be a valuable document. It would be especially useful in later life.

Danger signals should be recorded. Frequent spells of illness, gain in weight, abdominal disturbances, headaches and sleeplessness are all STOP SIGNS.

When seen early, the family physician now has measures at his command to eliminate many of these danger signs.

If we protect four important parts of the body, much illness in



Many retired persons find fly-casting—or fishing—a relaxing and enjoyable sport.

later life will be avoided: at the least, their ravages will be diminished. These are the bones (to avoid osteoporosis); the muscles (to keep physically fit); the blood vessels (to avoid high blood pressure, coronary occlusion and stroke); and the nervous system and brain (to avoid premature senile changes, forgetfulness and loss of desire). This is not to imply that we now have all the facts. Just the opposite is true, partly. However, data is now on record concerning longevity. Also, more experiments are now in process to supplement those of McCay and other scientists.

Education, The Magic Key

AGING IS VERY MUCH an intimate, individual experience. Age is a quality of mind; all around us we see individuals who sparkle with the zest of enjoyable living. A friend of

mine nearing 70, whom I consider in the prime of life, is sorely tried with irresponsible relatives. She herself had a colostomy for a tumor of the bowel five years ago. Her job is to visit schools and talk to students and faculty on the joys of living in depth each passing day. From the light of her experiences, she has become a counselor and confidante for young and old. Now, the interesting fact is that, at 70, she is even more effective and scintillating than she was at 60. She said with a smile, "I'm just finding myself now—I'm getting the rhythm of the most glorious experience of my life, the opportunity to keep growing with the years."

There is a ferment over our entire nation. Study groups are forming. Authorities on various new disciplines are addressing large groups keenly interested in learning more of the as yet undeveloped talents that may appear in each of us at the summit of our years.

Addressing a large group of professional and lay people in New York City recently, Mrs. Harold V. Milligan called for more organized action whereby the needs of older citizens may be more competently satisfied. But she also emphasized the key point that the older, mature persons have an obligation to contribute in innumerable ways to community life. There are many shut-ins that are hungry for some small recognition; there are serious shortages of aides in all hospitals; there is a serious lack of teachers for all grades.

Imaginative leadership can be found among mature men and women that will add zest to every community of the nation. Education is the magic key. Why has it not taken hold before? Probably there are many reasons. I believe the most significant one is that never before has such vital information been available concerning laws of health for young and old alike.

No longer should doctors of medicine and other workers in the health and medical fields limit their work to curing disease; that is important. However, the new knowledge indicates that a vast amount of illness and flabbiness is avoidable. Positive health for all our citizens is now within reach, and, if Americans can vitalize a nationwide physical-mental fitness program beginning at the state level, an invaluable contribution will have been made to the strength and security of the entire country.

The American Congress has approved many important bills in support of research in the areas of human aging. The distinguished Representative John A. Fogarty of Rhode Island has been instrumental in the passage of legislation directed to opening up new op-

portunities for older citizens to keep themselves self-supporting.

The Office on Aging (now Gerontology Branch, Division of Chronic Diseases), in the U. S. Public Health Service, is stimulating interest in the aging throughout the nation.

A new Institute has been added to the National Institutes of Health, one on Child Health, Growth and Human Development. The director is Dr. Robert A. Aldrich, formerly chief of Pediatrics of the University of Washington, School of Medicine, Seattle.

This is the first government unit created for the purpose of promoting health of young and old throughout the entire life span. The other seven Institutes are all disease-oriented.

We are now deep in a scientific renaissance which is rapidly involving all areas of the globe. What a wonderful time in which to be alive, really alive! The means to vigorous health are so well known, so accessible, it seems almost trite to point them out. A well-planned diet, very generous activity (stretching muscles and mind), the avoidance of prolonged stress, the power of an all-absorbing motive.

Not least for young and old: to keep physically attractive and well-groomed. If the young obtain a false image of decadent old age as the epitome of despair and defeatism, whose fault is it? The focal points, the germinal centers for teaching wholesome ways to abundant health, are the home, the church, the school and the hospital. Here, if no warm guidance and sympathetic leadership is forthcoming, the program commences to falter. So alternates must be found. The new knowledge is already working an amazing transformation: one disease after another is being conquered. The public is now more than ever health-conscious. Study groups are being held in schools, hospitals and many other places.

An experiment in health education for the public, channeling through the schools of the community, has been underway for the past eight years in The Lankenau Hospital in Philadelphia, Pennsylvania. Morris Barrett, the director of Health Education, has a staff of trained workers and volunteers that are working with schools of the community. The Department of Health of Pennsylvania, under the energetic leadership of Dr. Charles L. Wilbar, Jr., is promoting health education throughout the state. Dr. Wilbar is convinced much of the current illness of the public could be avoided and accordingly, he is recommending education of the public in every way possible. This includes holding classes for young and old alike. Barrett and his staff arrange courses of instruction, using

exhibits in the Health Museum at The Lankenau, filmstrips, the display of a full size, plastic female model (Pandora; the name chosen by competition of school children in the area). Many doctors of the staff of 175 are constantly available to speak before school and other audiences expanding salient facts of healthy body building. The encouraging fact is that over the nation other schools and hospitals are also setting up similar teaching projects. The response has been most enthusiastic.

Public health departments are exercising fine leadership and furnishing consultation services for groups at the community level. Health education is enjoying its period of greatest activity.

The Glory Road

MOTHER MACHREE (that was not her name) was overweight, diabetic for many years. Arteriosclerosis progressed in her legs. First one leg, then the other was amputated. Other vicissitudes and family vexations appeared. During the entire time of her slow dissolution, she was calm, happy and ever a shining source of comfort to her disturbed family. Her religious faith sustained and encompassed her to her final hour and she passed with a smile.

Lady Marie, nearing 80, has nearly all her life been careful because of an unusually high blood pressure. Years ago, one kidney was removed. Temperamental children she handled in a quiet, sympathetic way that preserved the family unity. Her attractiveness and charm have increased with passing years.

The one guiding force in her life was her religious faith. Loss of family was courageously faced with a minimum of emotional drain. I have been with many patients in their final hours. Those that I remember most vividly are the ones who felt, deep within them, an abiding faith in the eternal verities.

A brilliant young scientist once said, "A strongly religious person, in the truest sense, has the green light all the way."

The accumulated delights and satisfactions of advancing years build a store of rich memories that act as a neutralizing force against the loneliness and frustrations of the high years. A noted scientist some years ago, addressing a group of school teachers, showed that we are living in a world of new and unsuspected power, a world of harmonic vibration, of music, a world much less related to material things than to spirit.

The physical scientists are now probing the secrets of outer and, also, of inner space. Nuclear energy exists in solid, liquid or gaseous forms. Philosophers identify spirit energy.

We are now at the dawn of a great new insight into the more basic nature of ourselves and our environment. Science is turning up a world of fabulous beauty, rhythm and power, hitherto unsuspected.

To recognize oneself as a part of this great cosmic grand opera (the term is Harlow Shapley's) is to find oneself on the road to glory.

Events now occurring are part of the heritage of growing old. To be happy, though old, is an individual problem. Basically, it is a quality of mind:

Age is a quality of mind;
If you've left your dreams behind,
If Hope is cold,
If you no longer look ahead,
If your ambitions fires are dead,
Then you are old.

But—if from Life you take the best
If in Life you keep the zest,
If Love you hold,
No matter how the years go by,
No matter how the birthdays fly,
You are not old.*

Contemplative Leisure

THE SOCIAL, artificial barriers to an enjoyable later life, as compulsory retirement, segregation, down-grading the older citizen can most effectively be removed by the elders themselves. It is unrealistic to float down the stream of life, always expecting consideration from the youth and younger adults.

Automation in all technical fields is going to replace much manpower. Necessary training in new fields will, therefore, demand

* "Age is a Quality of Mind," by Edward Tuck



Everybody promenade! A dance instructor teaches a group of older persons a figure in a square dance set.

continuous education for young and old alike. However, a thorough catharsis in our attitudes towards the undeveloped potentials of mature citizens is a key requirement. With less time at work, the shorter work week, more time becomes available for leisure, for recreation, for contemplation. Curiously, many individuals regard free time as lost unless "one is doing something all the time," indifferent to the priceless opportunity for reflection, for stock-taking, for thinking through.

The Greek heritage for all civilization was the result of brilliant minds contemplating man and his nature.

To go apart and rest awhile is life-saving and life-enriching.

We older Americans can rise to a new and higher level of fulfillment as we continue to utilize our leisure time striving to understand more clearly the purpose behind it all. Creative solitude, rather than isolation and loneliness. Eleanor Baldwin expressed it beautifully:

I have a need in me for quiet places,
Steep sandy headlands and tranquil sea,
The far dim are where the horizon traces
The blend of finite with infinity.

I have a need in me for all things holy,
The stir of God in ocean and in wood,
Where evil slips away, and, surely, slowly,
The closed heart opens to the homing good.*

William Byrn Phelps once commented on the delights and joys of age:

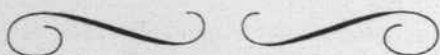
"The happiest man is the one who has the happiest thoughts.

"If the happiest person is he who thinks the most interesting thoughts, we are bound to grow happier as we advance in years, because our minds have more and more interesting thoughts."

Regardless of the lengthening years, the castle of enchantment is ever in the future if we but seek it. There are delights, at the summit of the years the young can only know when they arrive after they have reached the climax years. "The best of life," so said Sir William Mulock, the Chief Justice of Canada in his ninetieth year, "The best of life is always farther on. It's real lure is hidden from our eyes, somewhere beyond the hills of time."

To each his own, to do as we must, to preserve the vital spark within us that gives each life its meaning: this is the goal for which we strive.

* "I have a need in me for quiet places." by Eleanor Baldwin, 8/28/23.



Ways to Creative Aging

There are 10 basic needs for older men and women, given here in their general outlines. The details of these needs cannot be put down in one general prescription. They must be adapted to the needs of each individual, and supervised. Only the physician who knows his patient can decide on the specific paths to follow.

The very first is a balanced diet. There are certain foods, which, in my opinion, should have priority. Honey, applesauce, prunes,

fresh-fruit juices, milk and eggs at regular intervals, fresh vegetables, lean meats, white fish, broiled fowl: these basic foods furnish a supply of energy for the body's activities. Older individuals should avoid heavy meals at all times, since such overindulgence, frequently repeated, may cause a strain on the heart. The unsaturated foods, particularly corn oil, are now being recommended by a great many nutritional authorities. But it should be kept in mind that supernutrition does not create a superman.

The second need is the complete elimination of waste products. The bowels, kidneys, skin and lungs need to be kept clear of accumulated body residue. I prescribe deep breathing at frequent intervals during the day to maintain satisfactory functioning of the lungs and the circulation.

The third is complete rest of body and mind. It is not true that every person should retire at a given hour to sleep for six or more hours. For individuals have different rhythmic patterns of rest. Some sleep longer with no break, while others require frequent shorter periods of sleep, from two to four hours, with periods of wakefulness in between. If the public understood this, a huge amount of unnecessary sedatives could be eliminated.

The fourth need is recreation. To have periodic intervals away from serious endeavor is exceedingly important and refreshing. Need for the quiet hour gives the opportunity for creative thinking.

Another need is the sense of humor which is the balance wheel of modern living. It is the best antidote for nervous tension. A pleasant smile and a happy heart "doeth good like a medicine."

The sixth basic need is the control of the emotions of anger, hate and jealousy: for high tension leads to personal ineffectiveness. The fires of anger are frequently forerunners of high blood pressure and stroke.

The seventh need is companionship. In times of joy and sorrow the support of family and friends is absolutely necessary.

The eighth and one of the most important needs of all is the maintenance of a sense of pride in one's job. Whatever the work, there is a value in high performance and accomplishment that adds to an individual's stature and gives his life dignity. The unhealthy

attitude of "getting more and more for doing less and less" can do great harm to the individual.

The ninth is participation in community affairs. Senior citizens are uniquely equipped to add to the vitality of community life.

The final need for each individual, young and old, is to keep growing in knowledge and experience in whatever field one's work is found. All scientific studies have emphasized the importance of having true zest for living. The longer a person can grow, the more wonderful his life will be.

("Ways to Creative Aging" from Dr. Bortz's "Blueprint for Living 100 Healthy Years"; reprinted by permission of **Woman's Day Magazine**, a Fawcett publication.)

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Dr. Bortz is a member of many professional organizations, including the Philadelphia County and Pennsylvania Medical Societies, American Clinic and Climatological Association, College of Physicians of Philadelphia, the honorary fraternity Alpha Omega Alpha, and the American Medical Association, of which he was president in 1947-48; vice president 1946-47; and received a gold medal award.

He also has served as medical consultant to the Surgeon General of the U. S. Navy, and on the committees of the National Emergency Medical Service and National Resources Security Board. He served with the U. S. Army Air Corps during World War I and with the U. S. Marines in World War II.

The author of many articles, Dr. Bortz is the editor of the **Cyclopedia of Medicine, Surgery and Specialties**, the author of a book **Diabetes Control** and is in the process of writing a book on Creative Aging.

The correct telephone number of the Poison Control Center at the Sarasota Memorial Hospital is 955-1111, not the number listed in the March issue of **Health Notes**.

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All counties in Florida have organized County Health Departments

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FLORIDA HEALTH NOTES

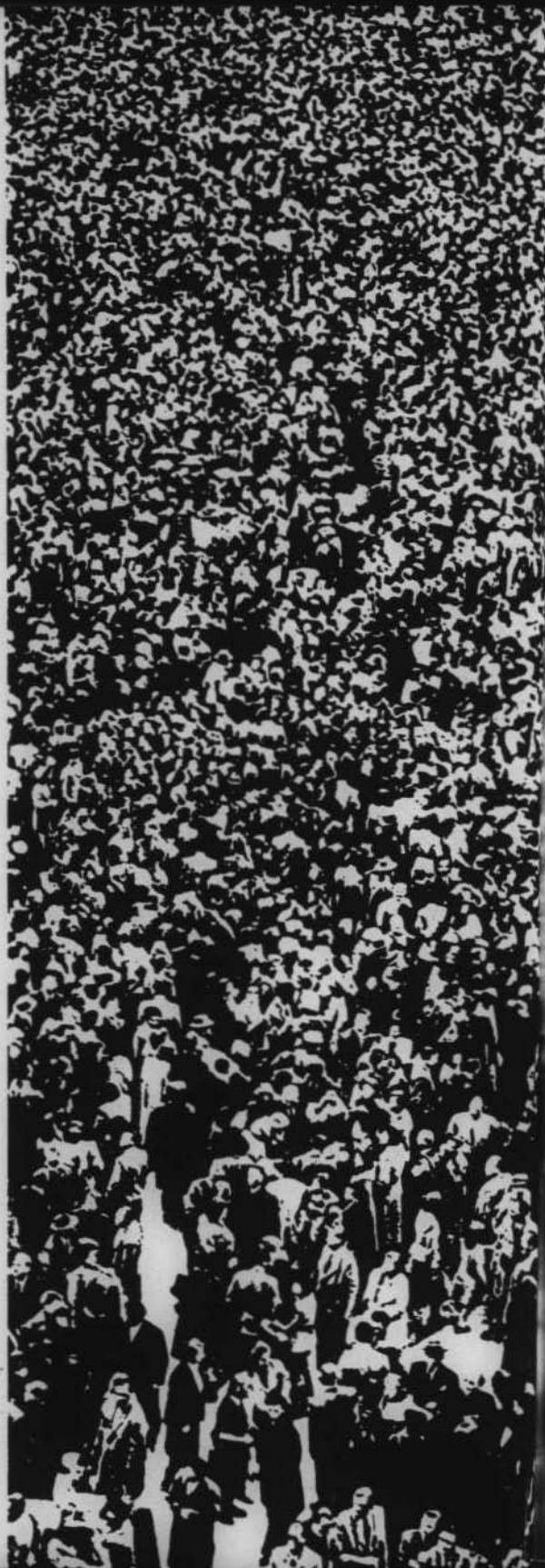
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JUNE 1963

Portrait of a Year

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More Floridians

ARE ALIVE
AND ENJOYING
BETTER HEALTH
TODAY
BECAUSE OF
*YOUR HEALTH
DEPARTMENT*



PORTRAIT OF A YEAR

1962

LOOKING BACK — we find 1962 a year to be remembered in public health in Florida. The most dramatic event was the encephalitis epidemic in the Tampa Bay area. But the continuing upward surge of venereal disease, the spread of the home nursing service concept, the swelling number of Cuban refugees (385,000—mostly in the Miami area) and the increased emphasis on accident prevention and Civil Defense preparedness all added to the usual activities of the Florida State Board of Health and the 67 County Health Departments.

The June issue of **Health Notes** is traditionally the one in which we take a backward look at the previous year. It appears at about the same time as the State Board of Health's **Annual Report** and it is of necessity based on the same material. This report is not a condensation but rather a brief glance at some of the most interesting events, programs, accomplishments and problems of public health in Florida in 1962.

Shortages of people and money prevented the agency from doing many things it would like to have done — and should have done.

FLORIDA HEALTH NOTES

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This is a statement made by many state agencies. Our sympathies go out to legislators who must appropriate sums of money for our continued operation—and who must solemnly remember

the economical facts of life. But nobody has ever answered the vital question: How much is a human life worth? What does your continued good health mean to you?

Health Services in the Environment

The sanitary management of our surroundings is one of the bases of all public health work. Every minute we are surrounded by evidence of the **hundreds of environmental public health services** for all citizens which are furnished by the state and the County Health Departments. At birth, during infancy, before entering school, during school years, before marriage, while raising a family and in our old age we receive specific health services designed for particular times and particular conditions.

Figures alone do not tell the story of environmental sanitation in Florida in 1962. There are no statistics on the number of typhoid fever cases that did not occur or the number of people who did not get sick from eating contaminated oysters.

But here is a part of our story:

Nearly 800 new water works systems and swimming pools

were constructed, each requiring the review and approval of the State Board of Health and adding 80 million gallons of water per day to the state's water pumping capacity.

There were 187 new sewage treatment plants constructed, bringing the total in operation to 950 but still leaving one and a half million people in closely populated areas unserved by such plants.

Plans for hundreds of new home sites were approved but septic tanks and private wells were allowed in only a few cases—all in rural homes sitting on an acreage of suitable porous, well-drained land.

Five bedding inspectors made 8191 inspections of such products. A total of 602 pieces of bedding — mattresses, pads, cushions, etc., were in violation of the law and were ordered returned to the manufacturers.

Oyster production, which in-

WILSON T. SOWDER, M.D., MPH., State Health Officer, returned to his post on January 1, 1963, after 15 months in Washington, D. C. as Chief of the Office of the Aging, Bureau of State Services in the U.S. Public Health Service. During this period, Albert V. Hardy, M.D., Dr. P. H., Assistant State Health Officer, provided the leadership for the State Board of Health and 67 County Health Departments.

involved very careful supervision and inspection of both source waters and packing operations, increased 62 per cent. (More than 12,000 bushels of oysters were removed from unapproved waters and restocked in safe waters where they decontaminate themselves in a few weeks.)

Sanitation consultants helped to trace food-borne diseases, conducted pollution surveys, taught foodhandling classes, visited dairies, prepared local ordinances and provided sanitation services for Seminole Indians—among a hundred other duties. Much time was spent by the State Board of Health in recruiting and training sanitarians for county employment.

The county sanitarians inspected and issued permits to 2137 trailer parks with space for 90 thousand trailers. They also inspected and licensed 570 food processing plants (133 more plants than during the previous year), 300 migrant and recrea-

tional camps (65 more than in 1961), 29 bottled water plants, 14 rendering plants and 112 watering and catering facilities for railroads, airlines and ocean vessels for the U.S. Public Health Service. The sanitarians also made regular visits of inspection to 30,391 eating places—an increase of 3334 over last year.

Fumes, mists, dusts and liquids that could be hazardous to workers or those living in the vicinity of their origin were examined and where needed, recommendations made for their control. Lead, poisonous to man if swallowed or inhaled, was looked for in samples of ceramics, paints, homemade liquor and coffee—among other things. Cyanide and chromic acid were removed from the air in which electroplaters worked. Noise levels were studied at Miami International Airport.

Leaking gas near a house, carbon monoxide from a heater, soldering fumes in a shop,

and even explosive gas in a bar kept the investigators busy. Workers' headaches in a large office were traced to the colors of the wall paint.

Regulations for the operation of self-service dry cleaning machines were put in the Florida Sanitary Code, and the troublesome problem of fluorides in the air and plants in Polk County continued to plague the scientists.

A great mass of highly technical work was done in the field of radiation control. The state is preparing to take over from the

Atomic Energy Commission the responsibility of licensing and controlling the use of materials emitting ionizing radiation. Meanwhile, the day-to-day work of examining X-ray machines and other man-made radiation sources continued. It is interesting to note that besides the familiar radiation machines such as X-ray, there are 312 licensed users of radioisotopes in Florida who do such works as measuring the thickness of paper, the movement of material through pipelines, intensity of colors and the drying time of ink.

The Venereal Diseases

THE number of cases of primary and secondary syphilis rose again last year and reached 1632, the highest peak since

1949. This is a 46 per cent increase over the 1118 such cases reported in 1961. The increase occurred primarily in the 15-34

SYPHILIS CASES AND RATES PER 100,000 POPULATION FLORIDA — 1940-1962

Year	Population	Total	Primary and Secondary	Early Latent	Late and Late Latent	Con- genital	Not Stated
NUMBER OF CASES							
1962	5,349,900	6,004	1,632	1,505	2,676	191	
1960	5,012,100	4,115	639	1,047	2,254	175	
1955	3,662,000	5,541	394	1,329	3,616	202	
1950	2,797,100	10,714	1,495	3,982	4,795	442	
1945	2,273,900	16,034	2,054	7,039	5,210	487	1,244
1940	1,915,100	19,966	1,964	1,998	4,707	413	10,884
RATES PER 100,000 POPULATION							
1962		112.2	30.5	28.1	50.0	3.6	
1960		82.1	12.7	20.9	45.0	3.5	
1955		151.3	10.8	36.3	98.7	5.5	
1950		383.0	53.4	142.4	171.4	15.8	
1945		705.1	90.3	309.6	229.1	21.4	54.7
1940		1042.6	102.6	104.3	245.8	21.6	568.3

age group of both the white and nonwhite races. Reports from private physicians accounted for approximately half of the cases investigated. An intensive effort was made during the year to enlist the aid of physicians in permitting their cases to be interviewed for contacts. Every general practitioner was visited twice and all other physicians

once during the year by one of the 33 interviewer-investigators currently working in the state.

A Negro health educator spent her entire time bringing the problem before Negro teachers and principals in an effort to enlist their interest in adding information about communicable diseases (including VD) to their curricula.

Drugs

NARCOTICS inspectors arrested 332 persons in their efforts to protect the public from the dangers inherent in an uncontrolled flow of illegal drugs; from unlicensed practitioners of medicine, pharmacy and other healing arts; and, from improp-

erly compounded or labeled drugs and cosmetics. They also pressed diligently their campaign to educate the public concerning the dangers of narcotics, and self-administered barbiturates and amphetamines (sleeping and pep pills).

Communicable Diseases

DURING the late summer a serious four-county outbreak of St. Louis Encephalitis in the Tampa Bay area killed 17 people and caused 190 confirmed cases of the disease. (Figures are based on the incomplete data available January 1, 1963.) The **Annual Report** says, "Florida is confronted with what may be the state's greatest public health problem in recent years." A spe-

cific laboratory with 14 specially selected scientists as its staff has been set up in Tampa to study the complex cycle of the encephalitis virus from host to mosquito to man. The *Culex nigripalpus* mosquito, a known carrier, is described as a breeder around homes, in pastures, rain ponds, old tires, backyard junk, bushes, bird baths and just about anything that holds stagnant

water for a few days.

During the year, State Board of health records showed that **polio** reached its lowest point in history with only 14 cases reported. There was one death. A total of 44 cases of **diphtheria** appeared mostly among the non-white residents of Jacksonville. **Infectious hepatitis**, on the rise for the past five years, declined

slightly to 909 cases. **Typhoid fever** and **Asian flu** were both reported, but without major outbreaks. Three outbreaks of **food poisoning**, two of them in school cafeterias, were investigated. The third stemmed from oysters not obtained through commercial channels. Eleven deaths occurred among the state's 29 **tetanus** (lockjaw) cases.

Mosquitoes

STATE and county mosquito control men came nearer to the solution of a problem that they had been working on for decades—the clean-up of residential areas which could nearly eliminate annoying and disease-carrying domestic mosquitoes. Fogging is also a major factor in their control.

About \$6 million was spent in the state on mosquito control. The dirt, which was moved in dredging and ditching to control breeding places and cover garbage dumps, would fill eight 25-story buildings each a block square. The fuel oil used as a base for fogging chemicals would have heated 6557 homes for the winter. It was carried by fogging machines that traveled a distance equal to 153 trips around the world. Over 3000 miles of shoreline grasses were sprayed with DDT to control dog flies.

In structural pest control (termites, etc.) the state licensing and supervision program paid off. The number of racketeers who once preyed on Florida citizens have dwindled. Complaints of home owners concerning licensees and unlicensed operators were down 14 and 40 per cent, respectively. Efforts to control highly toxic chemicals used for spraying lawns and shrubbery were stalemated when the State Supreme Court decided the State Board of Health did not have the authority to enforce rules and regulations in this industry.

The staff of the Entomological Research Center at Vero Beach continued its intricate studies spending about a half-million dollars of federal and state money on research into better mosquito control. The scientists found, for instance, that

the flooding of diked salt marshes for only six months of the year cut down mosquito larvae to

one-seventieth of their normal production.

Laboratory Tests

THE State Board of Health laboratories made 2,771,705 tests of various kinds last year. Few were the health services performed that did not involve in some way the use of the laboratories.

Diagnostic services for County Health Departments, bureaus and divisions of the State Board of Health, licensed practitioners of the medical arts (physicians, dentists, osteopaths, etc.) included: 164,820 tests of milk and dairy products; 171,498 tests of drinking water and swimming

pools; 66,680 examinations for water pollution; 719,891 blood tests for syphilis (of which 42,954 were positive); 39,654 tuberculosis examinations (of which 2589 or 8.2 per cent were positive); and 47,728 stool specimens for intestinal pathogens (bacteria or virus).

Special studies were carried out by the central and regional laboratories in several fields, including: diarrheal diseases, poliovirus, gonorrhea, syphilis, rabies, St. Louis Encephalitis virus and other arthropod-borne viruses.

Records

THE State Board of Health estimated the population of Florida at mid-year at 5,349,900, a gain of 3.7 per cent over 1961. This equals one new citizen every three minutes.

Preliminary figures show 115,520 births (a decline of one per cent from the 116,886 of 1961) and 52,443 deaths (an increase of 7.7 per cent from 49,110 of the previous year). The cause for the increase in deaths is said

to be the increase of the older population in the state. The same trend was visible in the ranking of the 10 leading causes of death. Those which are usually characterized as diseases of the aged showed slight rises in rate, although the ranking remained the same as last year.

Heart disease, cancer, stroke, accidents, diseases of early infancy, influenza and pneumonia, hardening of the arteries, oth-

er circulatory diseases, diabetes and suicide were the leading causes of death in that order. The recorded 3259 infant deaths represent a slow but significant decline in rate in the past 10 years.

There were 41,940 marriages recorded and more than half that many divorces and annulments, 22,180. This, however, indicates a 38 per cent decrease in the

rate of marriage break-ups in the past 10 years.

Reported illegitimacy is increasing. In 1962, one nonwhite birth out of four was illegitimate, as was one white birth in 30. The overall environment of the illegitimate child is likely to be unwholesome and problems of mental health, nutrition are among those which may arise.

Mothers and Children

ONE of the yardsticks of public health — basic services to maintain maternal and child health—was established decades ago, but there are improvements being made in this field, such as work with retarded children and premature babies.

It is easy to show some statistics on immunizations: smallpox, 90,704; diphtheria, 147,646; tetanus, 230,474; whooping cough, 91,242; and polio, 312,104.

Maternal deaths dropped from 58 in 1961 to 49 last year. These death rates for both races are less than half of what they were 10 years ago. The number of licensed midwives declined but their training improved; the percentage of deliveries in hospitals climbed higher. Prenatal clinics are found in nearly every section of the state and family

planning materials are made available in many counties. Prematurity, one of the major factors in infant deaths, was attacked from two angles: prevention and better care. The former is a matter of education, nutrition and medical supervision of the expectant mother; the latter involves special supervision of the infant. New knowledge in this field comes in part from the Premature Demonstration Center in Miami and is spread through hospitals and county clinics by nurses who study there.

More than 50,000 agricultural migrants received much needed help. Some 17 public health workers' salaries in several counties were paid by federal funds, while the counties provided mobile and night clinics to the best

MARRIAGES BY RACE, DIVORCES AND ANNULMENTS BY COUNTY, FLORIDA, 1962

COUNTY	MARRIAGES			DIVORCES	ANNUL- MENTS
	Total	White	Nonwhite		
STATE	41,504	34,499	7,005	21,997	181
Alachua	540	391	149	187	0
Baker	86	64	22	61	0
Bay	492	404	88	273	1
Bradford	116	104	12	61	1
Brevard	963	821	142	673	5
Broward	2,961	2,438	523	1,392	10
Calhoun	41	38	3	50	0
Charlotte	113	104	9	74	0
Citrus	105	89	16	61	0
Clay	106	94	12	77	0
Collier	189	167	22	82	0
Columbia	189	123	66	86	0
Dade	8,953	7,730	1,223	4,765	64
DeSoto	136	119	17	49	1
Dixie	54	45	9	30	0
Duval	2,991	2,363	628	2,057	10
Escambia	1,448	1,145	303	959	19
Flagler	52	36	16	95	1
Franklin	59	50	9	27	0
Gadsden	152	78	74	77	0
Gilchrist	48	38	10	7	0
Glades	36	25	11	24	0
Gulf	89	67	22	38	0
Hamilton	58	38	20	32	0
Hardee	178	151	27	273	2
Hendry	127	100	27	68	0
Hernando	144	124	20	55	0
Highlands	208	158	50	85	2
Hillsborough	3,462	2,992	470	1,842	9
Holmes	119	112	7	64	0
Indian River	234	175	59	80	1
Jackson	168	136	32	48	0
Jefferson	56	28	28	30	0
Lafayette	15	15	0	0	0
Lake	482	381	101	833	4
Lee	492	409	83	234	1
Leon	480	333	147	240	3
Levy	91	68	23	33	0
Liberty	6	5	1	8	0
Madison	76	56	20	31	0
Manatee	579	473	106	172	0
Marion	478	312	166	122	0
Martin	192	153	39	88	0
Monroe	443	399	44	293	3
Nassau	84	68	16	43	0
Okaloosa	323	305	18	297	2
Okeechobee	87	73	14	44	0
Orange	2,140	1,806	334	523	4
Osceola	230	190	40	77	0
Palm Beach	1,946	1,535	411	853	5
Pasco	400	365	35	112	3
Pinellas	2,909	2,617	292	1,337	13
Polk	1,792	1,483	309	773	4
Putnam	215	148	67	330	1
St. Johns	218	171	47	217	3
St. Lucie	355	236	119	191	1
Santa Rosa	205	187	18	106	1
Sarasota	700	643	57	265	1
Seminole	366	268	98	226	0
Sumter	130	104	26	111	2
Suwannee	119	87	32	39	0
Taylor	112	82	30	38	0
Union	49	41	8	17	0
Volusia	915	770	145	486	4
Wakulla	36	29	7	0	0
Walton	87	74	13	44	0
Washington	79	66	13	32	0

of their ability, licensed and inspected labor camps and gave other services. Local physicians, farm employers and many other agencies cooperate in handling this knotty problem.

The school health program was given additional strength by the inclusion in the State Department of Education's accreditation requirements that each child must have three physical examinations during his attendance in the 12 grades. This is in addition to the traditional screening processes for vision, hearing and dental defects in almost all schools.

The problem which arises is that of getting parents to take action when a screening procedure shows a physical defect in a child. It is sometimes far easier to find a remedial defect than it

is to persuade parents to regard it seriously — and to do something about it.

Gray Ladies in many of Florida's schools render invaluable service in giving first aid and comfort when a child becomes ill.

The Health Project in Teacher Education drew 57 teachers from 27 counties to a four-week course in which they studied public health in actual field work. They learned of the work of the counties, the voluntary organizations and the health resources available in their counties. The purpose of the annual course (three universities were involved) is to heighten teachers' interest in health, broaden their understanding and help them in their efforts to include more health education in the classroom.

The Mentally Ill or Retarded

ONLY one of the 19 child guidance and mental health clinics in the state had a full-time psychiatrist-director when 1962 began but nine had this benefit at the year's end.

Many hundreds of children and adults were interviewed and given help in solving their emotional, behavior or other mental health problems. It is estimated that 55,000 persons are seriously

incapacitated with mental and emotional illnesses and there are an estimated 300,000 persons in the state who are in need of some degree of psychiatric or psychological help.

Another important part of the work is the follow-up of patients released from state hospitals. The preparation and supervision of these patients' re-entry into the community take a lot of the

public health nurses' time, but statistics indicate the program has cut down on readmissions to these hospitals.

Among the many mental health programs operating in the various counties, one of the most exciting is the emergency service program set up in Pinellas. Teams of trained physicians and nurses are ready 24 hours a day to rush to the scene of a psychiatric emergency and assist and advise the family, police and others involved. In some cases, such professional care administered on the spot can ease or even make unnecessary the shock of a possible arrest and imprisonment which could further aggravate the patient's condition.

Treatment of psychiatric patients in general hospitals in-

creased markedly and with results so encouraging that the State Board of Health is pressing vigorously for more psychiatric units in community hospitals.

Orientation programs were held at two of the Sunland Training Centers to give professional people a better idea of the state's program for the mentally retarded. Young infants noted in visits to clinics as possibly being retarded are tested for phenylketonuria (PKU) and the necessary changes are recommended in their diet (by a physician) if they are found to be positive. A milk substitute used in the treatment is given to the parents free where needed. PKU causes the one type of mental retardation for which a cure is known.

Dental Health

AT THE end of the year, the State Board of Health and County Health Department dental program included 29 dentists in actual service and two mobile units. These dental trailers were operated in the small counties which had no local dental program and in which there were too few dentists, or none at all. Many of the dentists in service were "preceptees" (a term some-

what like intern) and were under supervision also of members of the local dental societies.

A new development was the design of a card, given by physicians to patients, which told the dentist what heart medication his patient is receiving. This practice helps eliminate the possibility of complications where the patient is receiving antibiotics or other medicines that

TUBERCULOSIS CASES IN CENTRAL REGISTER, BY COUNTY, STAGE OF DISEASE AND PRESENT LOCATION OF ACTIVE CASES, 1962

COUNTY	Total Cases	Pulmonary Tuberculosis				Non-Pulmonary	Active Cases			
		Active	Quiescent	Inactive	Primary		In Hospital	At Home by Sputum Status		
								Positive	Negative	None 1962
STATE	7694	1790	817	4765	250	72	1240	130	298	122
Alachua	153	19	13	111	10	—	10	4	4	1
Baker	15	3	2	9	—	1	2	—	—	—
Bay	105	22	1	79	1	2	18	2	2	—
Bradford	40	1	5	34	—	—	1	—	—	—
Brevard	112	27	12	71	1	1	20	2	4	1
Broward	494	98	41	326	24	5	72	8	11	7
Calhoun	28	6	3	17	2	—	3	—	1	2
Charlotte	27	5	2	20	—	—	4	—	1	—
Citrus	12	3	2	7	—	—	2	1	—	—
Clay	24	1	4	19	—	—	—	—	1	—
Collier	49	13	3	30	3	—	4	3	2	4
Columbia	59	7	1	51	—	—	4	—	2	1
Dade	1490	355	144	951	16	24	271	26	45	13
DeSoto	18	4	5	9	—	—	4	—	—	—
Dixie	3	2	—	1	—	—	2	—	—	—
Duval	689	175	72	410	26	6	130	10	25	10
Escambia	203	61	15	124	2	1	49	4	4	4
Flagler	6	2	1	3	—	—	2	—	—	—
Franklin	8	3	1	4	—	—	3	—	—	—
Gadsden	50	20	4	24	1	1	16	1	1	2
Gilchrist	5	—	1	4	—	—	—	—	—	—
Glades	3	1	—	2	—	—	—	—	1	—
Gulf	12	5	—	7	—	—	5	—	—	—
Hamilton	16	6	2	8	—	—	4	—	1	1
Hardee	16	4	2	9	1	—	3	—	—	—
Hendry	13	3	2	8	—	—	2	—	1	—
Hernando	11	5	2	3	1	—	2	—	3	—
Highlands	37	10	4	19	4	—	9	1	—	—
Hillsborough	680	208	79	370	19	4	111	15	56	26
Holmes	13	8	2	3	—	—	3	—	3	2
Indian River	28	3	8	17	—	—	2	1	—	—
Jackson	58	13	12	26	5	1	10	1	2	—
Jefferson	12	2	—	9	1	—	1	—	1	—
Lafayette	4	1	2	1	—	—	1	—	—	—
Lake	68	13	8	45	2	—	9	2	2	—
Lee	66	16	16	30	4	—	13	2	1	—
Leon	87	19	9	51	7	1	15	3	3	1
Levy	16	4	5	7	—	—	3	—	1	—
Liberty	11	5	1	5	—	—	4	—	—	1
Madison	21	5	4	12	—	—	4	—	1	—
Manatee	77	17	10	48	2	—	12	1	3	1
Marion	61	15	8	36	1	1	11	—	1	3
Martin	30	7	5	17	—	1	7	—	—	—
Monroe	35	9	5	21	—	—	6	1	2	—
Nassau	19	1	7	8	—	3	1	—	—	—
Okaloosa	49	17	7	23	2	—	10	—	4	3
Okeechobee	13	—	2	8	3	—	—	—	—	—
Orange	282	74	21	166	16	5	42	6	21	5
Osceola	28	6	8	12	1	1	5	—	1	—
Palm Beach	408	105	71	195	31	6	83	3	17	2
Pasco	37	8	6	21	1	1	5	1	—	2
Pinellas	607	127	57	411	10	2	60	18	40	9
Polk	322	68	33	188	31	2	48	5	10	5
Putnam	66	21	6	38	1	—	14	2	4	1
St. Johns	80	7	7	64	2	—	6	—	1	—
St. Lucie	124	19	16	85	3	1	14	1	1	3
Santa Rosa	20	5	2	13	—	—	3	1	—	1
Sarasota	117	17	8	90	2	—	10	2	3	2
Seminole	108	24	9	70	5	—	19	1	3	1
Sumter	28	7	2	17	1	1	6	—	—	—
Suwannee	35	6	4	24	1	—	2	1	2	1
Taylor	25	5	3	14	2	1	5	—	—	—
Union	9	1	2	6	—	—	1	—	—	—
Volusia	207	35	19	150	3	—	25	3	5	2
Wakulla	10	2	2	6	—	—	1	—	—	1
Walton	33	3	4	25	1	—	1	—	1	1
Washington	24	4	3	17	—	—	3	1	—	—
Fla. St. Pri.	78	22	—	56	—	—	22	—	—	—

might influence the dentist in the use of anesthetics.

During the year, Leesburg became the 23rd city in Florida to

fluoridate its water supply. Now about one-fifth of the population drinks water containing natural or added fluorides.

Tuberculosis

CASES detection—basic to all other activities in tuberculosis — was vigorously pressed, bringing to light 1439 new cases. This is slightly more than the 1319 cases in 1961. This rise is attributed in part to the influx of Cuban refugees and in part to more effective work among the isolated and reluctant groups who never responded before to

the call for mass chest X-ray testing. This was notable in Hardee County where 90 per cent increase in numbers tested over previous years was seen. Five mobile units are operated by the state and several counties. The local Tuberculosis and Health Associations also operate both mobile and stationary X-ray units.

The Chronically Ill and Aged

THE concern of Florida for the health of the aged person and the chronically ill continues to grow. As the older population grows larger in proportion, the diseases of the elderly increase in incidence and importance. All of the chronic diseases have one thing in common—early detection and prompt and continuing treatment are the key to their control.

Cancer specialists, serving in the state's 24 tumor clinics, save or prolong the lives of many persons. The success of the cervical

cytology program (detection of cancer in the cervix or neck of uterus) can be estimated in that approximately 175 women were discovered with this condition and promptly referred for medical treatment.

Diabetes can take many years to kill. In upsetting body chemistry, it often contributes to the disabling effects of other diseases. Free insulin (one of the State Board of Health's long established programs) was distributed to 2977 medically indigent persons. Casefinding is conduct-

ed mainly in three ways: referral by physician, mass screening and cluster testing of relatives of diabetic cases. **Timely Topics**, a monthly bulletin for diabetics, carries diet information and other advice to 5000 persons.

Heart disease, stroke, hardening of the arteries and other diseases of the blood vessels **cause more than half of all Florida's deaths**. Rheumatic fever and rheumatic heart disease are kept from recurring by a long-term program of penicillin injections. For many patients this is a financial burden which cannot be borne indefinitely. Some 600 persons receive this drug free of charge.

A health screening clinic in Jefferson County is examining hundreds of people to determine their general health level and detect any chronic diseases. Patients are referred to their own physician if any abnormal conditions are found. The purpose is to demonstrate the value of such screening to the patient and to build up a community "habit" of regular visits to the family doctor.

Glaucoma (a disease that is marked by increased pressure in the eyeball and damages the optical nerve) affects one out of 50 people over 40 years of age and is second only to cataracts as a cause of blindness in Florida. Because the disease can be

controlled if detected early (It causes no pain and comes on so slowly that many victims are unaware of their condition.), a demonstration project was started in Polk County where a Glaucoma Clinic was set up and any citizen of the county was eligible for screening.

An increase of federal funds made possible an expansion of the program for the home nursing care of the sick. The program enlarges the scope of the public health nursing programs—clinics, school health work, demonstrations of baby care techniques, etc.—to include the actual individual care of the sick at home. The patient pays a small fee if possible. The nurse bathes patients, gives medicine as ordered by the attending physician, changes dressings and gives many other nursing services to those who are not ill enough to be in a hospital but who could not remain at home with merely the unskilled attention of family members.

The licensing of hospitals and nursing home presents problems not usually known to the layman. The upgrading of the state's hospitals progressed during this year and only a very few remain unlicensed. Nursing homes and homes for the aged are being constructed or improved all over the state. There are now more than enough beds in homes

charging \$200 or more per month, but space for the indigent aged is far from adequate and is critical in some areas.

The State Dental Society made a survey of patients in nursing homes and determined from visiting 26 homes that although 60 per cent of the patients had no

teeth, half of all residents of the homes needed some kind of dental care. The State Board of Health bought two completely equipped mobile dental service units for loan to County Health Departments which established programs of dental care for nursing home patients.

The Indigent Sick

LESS than 10 years ago the only hope of the sick person who could not pay his own hospital and medical bill was the generosity of the county commissioners or the willingness of the hospital and doctor to absorb the bills.

In 1962, Florida spent more than \$8 million of county, state and federal funds for the care of the indigent sick through the Hospital Service for the Indigent and the Public Assistance Recipient programs. The former is supported by state funds matched by the counties at the rate of 50 cents per capita. The

latter uses state and federal monies for the care of persons on public assistance welfare rolls. It is well to note that the physician receives no payment for the care he gives to the sick under these programs.

The hospital is paid its per diem rate (average operating cost per day for each patient) if it is a participating hospital or \$15 per day if it is not under agreement with the plan. The state also administers a program for the Seminole Indians which is paid for by the federal government.

Nutrition

NUTRITION consultants worked with nursing homes, hospitals, schools, institutions, prisons, home demonstration clubs, PTAs and many other

groups, as well as families and individuals, advising on how to prepare balanced meals. They worked with migrant groups, studying the relation of diets to

children's development; cooperated with school lunch people; assisted heart patients through classes on nutrition; and con-

ducted workshops to help nursing homes plan better menus and adequate diets for the sick and elderly people.

Diseases of Animals Transmissible to Man

THESE services involve animals, but are really for man—to eradicate or control diseases of animals that can be transmitted to man through contact or use of meat, dairy or poultry products.

An example of the amount of work to be done in this field is found in the 266,974 cattle tested (not by health agencies) for brucellosis, an infectious disease which was transmitted seven times to man during the year. Numerous other diseases of animals had to be watched for and controlled, but none of them carry the dramatic impact that is attached to rabies—because it is sure death to a human if contracted.

There were no cases of human rabies in Florida last year. There has been none since 1948. But 419 persons, more than half of them children, had to take the painful rabies treatment because of exposure to the disease. Florida citizens are constantly warned

to have pets inoculated and to avoid contact with strange animals, wild or domestic, and to protect children from such contacts.

Much technical work was done in the field of rabies research. Bats were found to be capable of carrying rabies for relatively long periods and passing the disease to other animals before succumbing to it. Rabid raccoons are frequently found. Gray squirrels, too, are now considered as possible rabies carriers.

Quite recently the public health aspects of dairy sanitation has changed considerably. Basic sanitation is now a habit with most producers but the myriad of new products and machines with which the industry is involved present new problems. Plastic cartons, new type storage and filling equipment and many other improvements keep inspectors busy devising new techniques of safety protection.

MEANS AND METHODS

—Through People

THERE were 2513 persons on the payroll of State Board of Health and County Health Departments as of December 1962, compared with 2219 the year before. This represented more than 90 different professional and non-professional classifications of workers. Of the 821 newly employed persons during the year, 526 were replacements for those who left.

—By Training

The scholarship programs created in 1955 for training in medicine, dentistry and mental health were continued in 1962 with one significant exception—the residencies in psychiatry were abolished by the 1961 Legislature. One scholarship was given in the field of osteopathy.

In all instances, the scholarships were awarded to Florida citizens who, in the opinion of the scholarship boards, showed promise and need. A special medical board, the State Board of Osteopathic Medical Examiners, State Board of Dental Examiners and the Florida Council on Training and Research in Mental Health made the recommendation on which the State Board of Health acted in awarding the scholarships. Recipients agreed to work at their professions within the state to pay off the obligations incurred by accepting the scholarships.

Scholarships were also awarded to career employees of the state for additional training in their special field of public health.

Ten new and 29 continuing medical scholarships were awarded; 10 new and 26 continuing in dentistry; 30 in the various fields of mental health; and 14 in career professions of public health: doctors, nurses, sanitary engineers, etc.

—by Research

The Hillsborough County Health Department and the Hillsborough County Medical Association joined the State Board of Health in a mammoth evaluation of an oral polio vaccine designed to fight three different strains of the virus. Seventy-four per cent of the county population under 40 years of age were fed the vaccine. Approximately 1500 children were examined and found to be better than 90 per cent immunized. Sewage samples were examined to

DISTRIBUTION OF PERSONNEL IN COUNTY HEALTH UNITS — DECEMBER 31, 1962

COUNTY	TOTALS	Physicians	Sanitarians	Sanitary Engineers	Public Health Nurses	Lab. Workers (Prof. and Tech.)	Clerical	All Others
GRAND TOTAL	1821	106	308	12	644	35	380	336
1. Alachua	40	2	5		13	2	8	10
2. Baker	4		1		1		1	1
3. Bay	17	1	2		6	1	3	4
4. Bradford	6	1	1		2		1	1
5. Brevard	31	1	6		11		9	4
6. Broward	82	3	16	3	24		19	17
7. Calhoun	5		1		2		1	1
8. Charlotte	11	1	2		6		2	
9. Citrus	6	1	1		2		1	1
10. Clay	8		1		4		2	1
11. Collier	11		1		3	1	3	2
12. Columbia	10	1	3		4		1	1
13. Dade	343	33	54	3	138	9	70	36
14. DeSoto	6		1		2		1	2
15. Dixie	3				1		1	
16. Duval	48	2	9		12	2	10	13
17. Escambia	68	3	11		19	4	21	10
18. Flagler	4				2		1	1
19. Franklin	5		1		1		1	2
20. Gadsden	13	1	3		6		2	1
21. Gilchrist	2				1		1	
22. Glades	1						1	
23. Gulf	7		1		2		3	1
24. Hamilton	6		1		3		1	1
25. Hardee	7		1		3		2	1
26. Hendry	10		1		4		3	2
27. Hernando	2				1		1	
28. Highlands	10	1	2		4		2	1
29. Hillsborough	191	8	39	1	68	1	35	39
30. Holmes	5		1		2		1	1
31. Indian River	12	1	2		5		2	2
32. Jackson	14	1	2		5		2	4
33. Jefferson	9	1	1		2	1	1	3
34. Lafayette	4		1		1		1	1
35. Lake	18	1	3		7		3	4
36. Lee	14	1	3		5		2	3
37. Leon	41	4	5		12	1	9	10
38. Levy	6		1		2		1	2
39. Liberty	3				1		1	1
40. Madison	7	1	1		2		2	1
41. Manatee	30	1	5		11	2	7	4
42. Marion	17		3		7		2	4
43. Martin	5		2		2		1	
44. Monroe	19	1	3		6		5	4
45. Nassau	12	1	2		3		3	3
46. Okaloosa	15	1	2		5		1	6
47. Okeechobee	4		1		1		1	1
48. Orange	75	3	12	1	22	1	19	17
49. Osceola	5		1		2		2	
50. Palm Beach	88	5	14	1	29	2	16	21
51. Pasco	4		1		2		1	
52. Pinellas	166	9	29	2	67	4	33	22
53. Polk	90	2	14	1	33	2	17	21
54. Putnam	14	1	1		5		3	4
55. St. Johns	12	1	3		4		3	1
56. St. Lucie	18	1	5		3	1	3	5
57. Santa Rosa	10	1	1		4		1	3
58. Sarasota	44	1	8		14		13	8
59. Seminole	14	1	3		4		3	3
60. Sumter	4		1		1		1	1
61. Suwannee	9	1	1		3		2	2
62. Taylor	5		1		2		1	1
63. Union	3		1		1		1	
64. Volusia	54	4	8		19	1	7	15
65. Wakulla	2				1		1	
66. Walton	7	1	1		2			3
67. Washington	5		1		2		1	1

determine the prevalence of the virus in the community as a whole. No cases of polio occurred during or after the trials.

A federal grant helped to support a pilot plan to assure that all parents of newborn infants were contacted with regard to the proper immunization of the child. In Hillsborough County, and then in Orange and Palm Beach Counties, birth certificates were used as the source of information. The parents were contacted by mail, telephone or visit at three months and again when the child was 12 to 18 months, to inquire if the child had received its shots. The idea was to determine the value and cost of the program and see if it should be used on a statewide basis.

These are but two of the 77 research projects, demonstrations and surveys carried out last year by the state and county health units, involving the full- or part-time effort of hundreds of persons and more than \$800,000 in federal, state, county, local and voluntary health organization money. The projects covered everything from mosquitoes (22 projects) to sliding glass doors.

—Through Things

The State Board of Health's 120 cars, trucks and trailers traveled over one and a half million miles to carry its services throughout the state. The purchasing agent made 3898 purchase orders for everything from paper clips to a multi-channel analyzer that can count 502 different streams of radiation particles at one time. Nearly 9000 items of equipment of every sort and description had to be accounted for in 157 different locations. There were 18 state-owned buildings to be cared for, insured, guarded and remodeled. The agency also rents 14 other properties. The value of this real estate, furniture, equipment and books and films was over \$4 million.

The maintenance department handled 778 work orders covering jobs from installing a light switch to reroofing two large buildings. Ten and a half million pieces of mimeographed, multigraphed and multilithed work were turned out, plus hundreds of thousands of printed pieces. Test tubes, brooms, typewriter ribbons and leader strips for movie films had to be bought and accounted for by the thousands. Incidentally, the copy of this **Health Notes** you are reading costs the State Board of Health about a nickel for printing and mailing.

The 18,465-volume library lent 2331 books and more than 13,500 periodicals, gave away 1694 photocopies, and answered 2420 reference questions. Over 500 exhibits, signs, posters, slides and similar visual aids were prepared and Florida won three of eight awards

for exhibits given by the American Public Health Association at its 1962 annual convention. A quarter of a million pamphlets were distributed. **Florida Health Notes'** circulation rose to 17,000. Health spot announcements were sent regularly to radio stations with similar services started for television. A total of 4984 audio-visual aids, mostly movie films, were lent to Floridians.

—Through Money

The \$21 million gross expenditures for the year were about two and a half million dollars more than the year before. There was an increase of over half a million dollars Hospital Service for the Indigent; and nearly a million in expenses of the County Health Departments (that receive most of their funds locally).

SPECIAL PROJECTS

Health Mobilization

THROUGH an executive order of the governor, the State Board of Health is responsible, in time of man-made or natural emergency, for the following: medical care, public health, safe drinking water and mortuary services. This means that it would have the responsibility of supervising and managing large groups of people not ordinarily considered as involved in public health.

It also includes the supervision of the 36 stored emergency hospitals now strategically located throughout the state and the setting up of courses in emergency medical self help, which envisions the training of at least one member of every family in the state through 16 hours of class work in this field. Classes were held in medical self help training in 26 counties during 1962.

Accident Prevention

Accident prevention continued to grow in importance as a State Board of Health program. Industrial and highway accidents have long been of prime interest to other agencies but the ordinary accident to the ordinary citizen, chiefly around the home, is now a subject of scrutiny for those in public health. Accidents rank fourth among the causes of death in the state.

Reports from the state's 20 Poison Control Centers indicated that 3880 poisonings were recorded and treated and that 3147 follow-up visits were made by public health nurses. They checked on such things as the removal of the cause of the poisoning, other potential dangers to health and the general health status of the family.

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All counties in Florida have organized County Health Departments

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FLORIDA HEALTH NOTES

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Health Laws of '63



The Florida Legislature opens its 1963 session.

HEALTH LAWS

of

1963

For nearly three months last spring, Floridians' eyes were turned toward Tallahassee where the 1963 Legislature was meeting in biennial session. Everyone was interested. The activities of your representatives would affect your lives in many ways. New programs and services were proposed and, of course, those accepted necessitated new taxes to pay for the increased work of the state's agencies.

New laws and amendments to old laws were passed relating to the state's health program. This issue of **Health Notes** will tell you about this legislation. Bills were passed during the session dealing with sanitary nuisances, drugs and cosmetics, medical assistance for the aged, mosquito control, vital statistics, and mental health centers. There were also "the money bills" to pay for health services and programs. We will also discuss one bill which was defeated in the legislative process.

These laws are **important** to you because they affect both the health and the wealth of our state and because **you pay** for the programs that are carried out by the State Board of Health and the 67 County Health Departments, as well as those by other branches of state government. They are of concern to everyone—the homeowner, visitor, worker, student, and the plain ordinary citizen.

FLORIDA HEALTH NOTES

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A Legislative Birth

The State Board of Health was created by an act of the Legislature in 1889 when the people of Florida found themselves facing yellow fever epidemics with little hope of control. There were several local or municipal health departments which were using "shotgun" quarantine methods against yellow fever but a need was felt for a state organization to direct a state-wide fight against this dreaded disease.

The first legislation enacted gave the State Board of Health the power to regulate **municipal sanitation**, control **communicable diseases**, record **vital statistics**, inspect **public institutions**, maintain **quarantine**, and make **maritime medical inspections**.

From this limited beginning, the State Board of Health began its work of protecting the public's health. Changing conditions brought about changes in programs and services, and in the way the health department was set up. In many cases, legislation was needed to make these changes. In 1899, the state government established specific taxes to support the State Board of Health and gave it appropriations of \$15,000 "or so much thereof as is necessary."

The responsibilities of the State Board of Health were increased in 1909, when it was given the authority to make rules and regulations governing the sanitation of trains, ships, public buildings, disposal of garbage, the quarantine of persons with communicable diseases; the responsibility for enforcing muni-

Passing A Health Law

The time required for a proposed bill to pass through the legislative process varies greatly. It is possible with unanimous consent for a bill to pass through the "mill" during a single day; however, this rarely happens. It is more likely to require from 30 to 60 days. If the proposal is new and not well understood and becomes controversial, it may never pass or may pass only after it has been reintroduced to several sessions of the legislature over a period of years.

Competition for the attention of the legislators is strong. A total of 2546 House bills and 1413 Senate bills was introduced during the past Legislative session.

Although the State Board of Health, as sponsor, and the introducer of a bill (who must be a legislator) believe a proposed health measure is important, the law-makers at Tallahassee must become

cipal and county sanitation; and investigating and studying all diseases. That same year, the Board was authorized to acquire and maintain a sanatorium for tuberculosis patients and to provide for the prevention, suppression and control of diseases in domestic animals.

Other legislation followed over the years. In 1915, a "model" vital statistic law was passed and in 1919, the Board of Health was given the right to regulate and inspect public bathing places and swimming pools, permitted to perform autopsies on humans, dispose of the carcasses of animals, and allowed to cooperate with the federal government by requiring the examination of persons with venereal diseases and the reporting of the disease by physicians.

An enabling act of 1923 allowed the state to accept federal funds for maternal and infant care; in 1927, laws were passed requiring the registration of drugstores and the establishing of a drug inspection service; in 1931, authority was given to the county commissioners of every county to enter into agreement with the State Board of Health for the establishment of county health units, to tax for their support, to support a health unit jointly with cities located within the county, or to agree with one or more neighboring counties for the joint support of a health unit; and in 1935, the insulin fund was created to purchase this hormone for Floridians who suffered from diabetes and who were not financially able to purchase insulin.

acquainted with the provisions of the bill. Sometimes it is necessary for the people back home to first learn the facts and their viewpoints are reflected in the action of the Legislature.

The legislators often want time to think about a bill. They view it from many angles, are always cautious, usually conservative, may become skeptical, and after study, often propose constructive amendments. After a bill is introduced into the Legislature, it is assigned to a committee which holds hearings on the measure. Here is where the State Board of Health has an opportunity to tell the legislators why it favors or opposes a bill. When the committee reports favorably to the House of Representatives or the Senate, the bill is then brought up for debate on the floor of the appropriate chamber. If it receives a majority vote of one body of the Legislature, it is then sent to the other body for its consideration. Frequently, to save time during the 60-day session, an identical



The Medical Assistance for the Aged program will help qualified elderly persons with their medical expenses.

bill may be introduced in both the House and Senate, concurrently. If both chambers pass the bill, it goes to the governor who may sign it, veto it, or leave it on his desk where within a given time it becomes law without his signature.

Health laws are not enacted by the lawmakers of Florida without close scrutiny. The State Board of Health enjoys good relations with the Legislature and in turn, has always endeavored to present a bill only after long and careful consideration as to what is best for the citizens of Florida.

Because of the semi-tropical nature of Florida, the development of public health has been essential to the development of the state. The Sunshine State has a wide and excellent reputation in public health affairs and through the State Board of Health has led in the development of research and the prevention and control of disease. It also has shown the way to other states in many phases on health legislation, including assistance for the medically indigent.

Now—let us take a look at some of the laws that were passed

during the session of last spring and the amendment that altered some of the existing laws.

Medical Assistance for the Aged (MAA)

This new law made Florida eligible to receive matching federal funds under the Kerr-Mills Act, a program initiated by the federal government to assist the states in meeting the needs of the medically indigent aged with their medical expenses. The state has had its Hospital Service for the Indigent (HSI) program since 1955 but the new program will bring **additional help** to aged persons.

The HSI program was developed to help the counties assist all persons who could meet their daily needs but were unable to pay large hospital bills. Backed by the Florida Medical Association, the MAA program will cover hospitalization for elderly patients up to 30 days and provide home nursing care for a similar period. Payment for hospitalization is based on the average daily cost to keep a patient in the hospital. Home nursing care is limited currently to \$4 a visit. Persons who are receiving other public welfare benefits, such as Public Assistance or Old Age Assistance are not eligible to receive MAA during the same month.

The program has a number of requirements. To be eligible for assistance, a person must be 65 years of age or older; a resident of the state and a citizen of the U. S.; must not receive a monthly income of more than \$100 for one person or \$200 for a husband and wife; may have sufficient money to meet daily expenses but not enough for medical care; may have a homestead or estate but no other resource with cash value for \$1000 for one person or \$2000 for a couple (excluding \$750 cash value for life insurance).

As with other welfare programs which use federal money, the State Department of Welfare was appointed by the Legislature as the agency to enter into an agreement with the federal government, receive federal money, and determine the qualifications of MAA recipients. The department was also authorized and directed by the law to enter into an agreement with the State Board of Health which was to carry out the program. This is because the state and county health units already have the organization to put the program into operation.

Let's take a mythical person and explain how this program works.

Mr. L and his wife moved from Connecticut to their retirement home in south Florida just over a year ago. Shortly after arriving, Mr. L had a heart attack and had to go to the hospital. The total of his pension and Social Security payments did not exclude him from being eligible for MAA benefits. After staying 18 days in the local hospital, Mr. L spent 30 days at home where he received nursing care provided by the local Visiting Nurse Association. His hospital bill of \$360 (the hospital's average daily cost was \$20) and the nursing bill of \$120 were sent to the State Board of Health where they were processed and authorized for payment by the State Department of Welfare.

In some Florida counties, the Health Departments are authorized by the Legislature to accept payments for nursing service and public health nurses carry out the home nursing program under the MAA. In other counties, an advisory committee of citizens is authorized to accept such payments on behalf of the nursing service of the County Health Department.

The MAA bill has great significance for Florida because many elderly persons view Florida (because of its sunshine and mild climate) as a state in which to retire. State and federal funds appropriated for the biennium of 1963-65 total over \$8.1 million. Nearly 40 per cent of this is state funds and over 60 per cent is supplied by the federal government.



The MAA state-federal program will help provide home nursing care for elderly persons who need additional care after being discharged from the hospital.

A companion bill to the MAA law amended Florida Statute 401 (Indigent Health Service Law) to include two members of the Legislature on the advisory committee. Previously, the committee was composed of two physicians, two county commissioners, two hospital administrators, and a representative of the general public. (See *Health Notes*, April 1963.)

Vital Statistics' Special Services

During the preparation of a court case, Mr. P, an attorney from a mid-Florida city, needed to know the birth date of a man who was killed in an automobile accident. The attorney knew within 10 years when the man was born. He believed the surname was Smith, Smyth, or Schmitt and the first name was Francis. Mr. P made a trip to the State Board of Health to initiate a search among the birth records for the man's name and birth date. Before it was found, one clerical worker had spent several hours in searching old records.

Before the 1963 Legislature met, Mr. P would have paid \$1 an hour to have the staff of the State Board of Health search its vital records for this information. An amendment to laws covering the special service charges of the Bureau of Vital Statistics was passed to change the fee to \$1 for each year of record searched—up to a total of \$25.

Attorneys, realtors, or other persons frequently use this special service of the State Board of Health to have birth, death, marriage and divorce records searched for legal reasons.

The vital statistics law was also amended to increase the fees for filing delayed birth, death or stillborn certificates; the processing and filing of amendments to birth or death certificates; the amending of out-of-wedlock birth certificates; or the filing of amended certificates in cases of adoptions.

When Mrs. J wanted to change the birth certificate of her daughter so the name would read Ruth Ann instead of JoAnn, she had to pay \$5 for the correction and a certified copy, instead of the old fee of one dollar.

The fees were raised by the Legislature to bring the charges for these services into line with the actual costs of searching the records. It was also thought that the higher cost would reduce the misuse and unreasonable requests made upon this bureau.

By mail and in person, Floridans take advantage of the special services provided by the State Board of Health's Bureau of Vital Statistics.



While the State Board of Health collects these fees, it turns them over to the State Treasury where the money goes into the general revenue of the state.

Sanitary Nuisance Law

If you have ever lived or visited in a home which was near an unpleasant smelling barnyard, improperly operated sewage system, or filth-laden ditch, the amendments to the sanitary nuisance law will be of interest to you.

Sections of the old sanitary nuisance law dated back to 1895 and some revisions were made as recently as 1915. The 1963 Legislature broadened the interpretation to include the rural areas of the state and updated the nuisances from the horse and buggy days to the space age.

Mr. B, a contractor, subdivided a plot of rural land. He built houses on the property. Families bought the homes, moved in, and began to live in the new residential area. The development was outside the limits of a large city, but Mr. B provided a fine water supply and a good sewage system (both approved by the State Board of Health and the County Health Department), built good streets and sidewalks, playgrounds, and everything to make the residents of the development happy.

However, Mr. B had not taken into consideration the fact that his subdivision was across the highway from a large pig farm. When the weather was warm and the wind in the right (you might call it wrong) direction, the odor from hundreds of pigs plagued the residents of the development and flies and mosquitoes swarmed from their breeding places in the pig pens.

Before the revision of the old sanitary laws was made by the legislators, the statute applied only to conditions within the boundaries of incorporated cities and town or unincorporated towns and villages of the state. This made the law difficult to apply because there were no such political divisions in Florida as an unincorporated town or village. Many county prosecutors would not file suits against violators of the law because the nuisances, which were dangerous to health, were located outside the municipalities, even though the County Health Department asked that the suits be brought. Major cities, towns and counties had zoning laws that took care of such situations within their boundaries.

The amendments to the sanitary nuisance law authorized the State Health Officer, his agents, or the local health officer to investigate any nuisances "in any city, town, or place within the state"; determine if a hazard to health exists; and to bring an end to the conditions. The main areas of concern, were not the

farm areas, but the suburbs outside the cities where zoning laws do not apply or subdivisions may be built next to a chicken or animal farm.

The law was strengthened to protect the health of Floridians. It makes it an unlawful act for persons to allow such nuisances as untreated human waste, garbage or dead animals to remain on their property; allow dangerous waste materials from manufacturing processes, air pollution, harmful or foul-smelling gases or odors to escape; continue use of improperly built or maintained septic tanks or privies; maintain diseased animals, unclean or offensive slaughtering houses; or keep places that breed flies, mosquitoes, or arthropods which directly or indirectly carry disease to humans.

In the case of the pig farm and the subdivision, the County Health Department and the State Board of Health asked the farmer to periodically clean the pig pens; regularly empty containers that were breeding mosquitoes, and eliminate the breeding places of flies. If the farmer failed to comply with the request, the County Health Department would ask the county prosecutor to file criminal charges against the farmer.

Food, Drugs, and Cosmetics

The State Board of Health is also interested in laws that deal with your food, medicine or cosmetics. The enforcement of the pure food aspect of the law is the responsibility of the State Department of Agriculture but the State Board of Health is entrusted with the enforcement of the other two phases of the statute.

The amendments to Florida Statute 500 were enacted to bring the state laws into agreement with federal statutes. One reason is that in the past few years (since 1940), many new chemically manufactured drugs and products have found their ways onto the market without proper testing or with false claims. Also, differences which lawbreakers could find between the state and federal laws were eliminated.

Florida has laws to halt the mislabeling, adulterating or misbranding of products. Federal and state laws consider the adver-



Pigs of all sizes (above) wallow in a stream which flows into Northeast Florida's Ortega River. Another group of "potential ham dinners" (right) gather for their meal of cooked garbage. Animal pens which breed insects may be declared sanitary nuisances.



tising of a product—whether it is written or the “sales pitch” of a salesman—as an extension of the label and subject to the same restrictions as the label on the package.

During the past year, one sharp salesman was selling bottles of tap water and aluminum sulfate in Florida as a positive cure for encephalitis and other diseases. The label on the container of the bottle did not claim this miraculous cure but pamphlets distributed by the salesman carried testimonies to that effect.

The state law and Food and Drug Act of the federal government, do not allow the sale of drugs that are alleged to cure diseases like cancer or measles or cure impotency. The government does not look with favor upon the advertising of any inactive ingredient of a drug as having an active effect that it cannot possibly possess. Color additives to food and cosmetics are fully tested and prohibited if they cause cancer or some other injury to the user. Occasionally, a color which has been added to lipstick or hair dye



Laws regulating drugs and cosmetics were amended by the 1963 Legislature.

has been found injurious and the state and federal governments have ordered the product removed from the market.

The federal government can only prosecute those violators of the pure food and drug act who are involved in interstate business. The quacks and fly-by-night drug men get around the federal law by setting up a corporation in Florida, another in Georgia, another in Alabama, and so on. It is then up to the states to enforce the laws. Some courts ruled that the whole of a "health device" must be involved in interstate trade, not a part of the equipment.

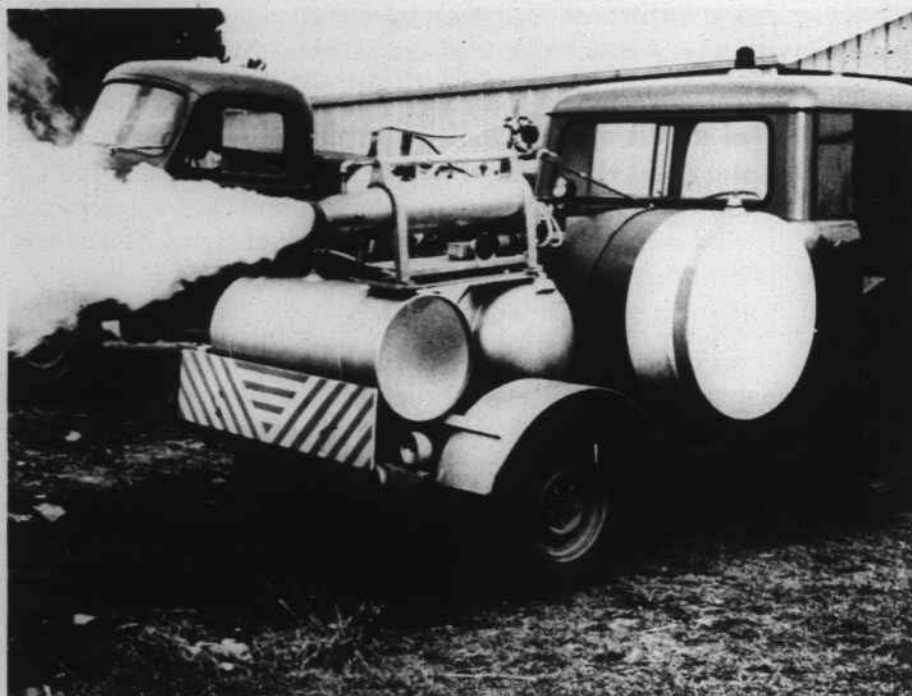
A vacuum machine was recently advertised in Florida as using chlorine pellets to purify the air. Yet if a person were to get an overdose of chlorine gas, it would make him sick . . . A machine was sold recently in a leading department store as an item to remove radiation from the atmosphere. It was intended for use in fall-out shelters. When the State Board of Health investigated the machine and found that the claims were false, the store removed the machine from the market

Some so-called "medical" men use machines with flashing lights, electrical impulses and other fancy gimmicks to perform diagnoses. While the patient may feel a slight electrical charge and hear a humming noise, the machine cannot make a diagnosis.

The quacks and salesmen who are looking for a fast buck are the real troublemakers for the state and federal enforcement agents. The reliable manufacturers of drugs and cosmetics work closely with the law enforcement agencies. If a drug or new product is found to be unhealthy, have harmful side effects or is not tested properly, the Food and Drug Administration of the U. S. Department of Health, Education and Welfare warns the State Board of Health, physicians, wholesale houses and drug stores that the product is being recalled and not to be sold. In addition, if the Food and Drug people feel that it is necessary, federal and state agents, together with detail men from the manufacturer concerned, visit all outlets and make sure the product has been removed from sale.

Arthropod Control

Amendments and new sections were added to Florida Statute 388 (the arthropod control law) by the Legislature. They were of



Regulations set up by the State Legislature govern the use of mosquito control equipment.

importance to the State Board of Health, Boards of County Commissioners, and Mosquito Control Districts.

The changes were administrative and related to making the provisions of the law applicable to counties as well as to the districts. Under the amendments, mosquito control divisions are required to have the same fiscal year and to submit detailed work plans to the State Board of Health for approval before being granted state aid. Other changes broadened unauthorized renting or lending of arthropod control equipment to other county departments; set the requirements for elections of district commissioners; fixed procedures for changing district boundaries; and established prescribed legal procedure for the disposal of surplus mosquito control equipment to other mosquito control districts prior to selling them to other state agencies as required by law.

Two amendments which failed to pass the Legislature dealt with the authorization of the State Board of Health to investigate suspected breeding areas of arthropods (insects)—which is covered in the amendments to the sanitary nuisance law—and the employment of district directors.

Mental Health Centers

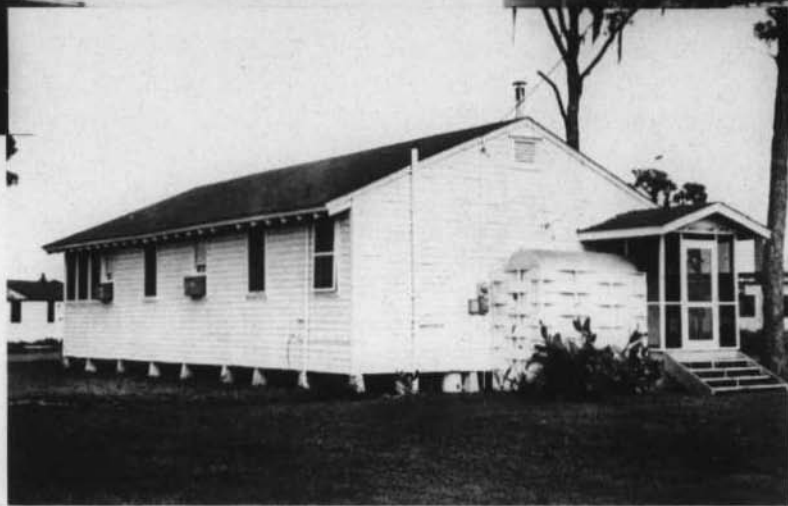
A new law was passed by the Legislature giving the Board of Commissioners of State Institutions the power to accept and administer federal money for mental health centers in Florida under the proposed National Community Mental Health Centers Act of the 88th Congress.

The Congress has expanded the definitions of health centers under the Hill-Burton Act to provide for psychiatric facilities in community hospitals and clinics. Passed in 1946, the Hill-Burton Act provides federal funds to help build general hospitals, special and mental hospitals, public health centers, rehabilitation centers, nursing homes, state laboratory buildings, and nursing residences, or to enlarge existing facilities. Florida has had many hospitals built or enlarged under this act, as well as laboratory buildings and public health centers.

In cooperation with the Legislative Council Committee on Mental Health, the State Board of Health is assisting in developing a state-wide plan for community mental health facilities and services. This phase of the work will continue until June 1965. The State Board of Health plans to contact community leaders and observers in regard to the mental health needs of the local areas—especially those needs of children in relation to mental health problems. Work will also be carried on with the communities to determine what aspects of the mental health program should be given priority (such as intensive treatment centers and adult and child guidance clinics).

Following this planning, the Mental Health Centers Act will become active. It has two parts: (1) for construction, and (2) for operation of new community mental health centers.

The first part will call for the construction of community health centers, psychiatric units in local hospitals, intensive treatment



The new Manatee-Sarasota Guidance Center is an example of the facilities that may be available in Florida under the proposed National Community Mental Health Centers Act now before the 88th Congress. The new structure (above) replaced the wooden barracks (left) which the Center had used since 1955.

centers, outpatient clinics, halfway houses for rehabilitated patients, day-night hospitals for emergency psychiatric treatment, sheltered workshops for occupational therapy, "satellite centers" for the mentally retarded, and training centers for adults and teenage retarded persons. The mental health centers program will be carried on over a 10-year period.

The second part, which will also begin July 1965, will provide federal matching funds to assist state, county, and municipal governments to staff these centers and carry on their operations. At first the federal government will provide 75 per cent of the money for staff and the local (state, county, and municipal) governments 25 per cent. At the end of eight years, the ratio will be 30 per cent federal and 70 per cent local money used in operating the centers.

Public health and governmental officials consider mental illness a major health problem. The aim of the federal program is to double the appropriations for mental health and mental retardation over the next 10 years. Ever since the days of Bedlam (the old London hospital for the mentally ill) the practice has been to put patients away in institutions. In recent years, mental illness has become less of a stigma and the public, through education, has arrived at the point where it is ready to accept mental illness as a curable disease. The proposal is to treat mental illness the same as any other illness.

Under the new program, it is expected that mentally ill persons will be kept in their home community. Those who need treatment will be seen by the staff of the mental health center or local outpatient clinic. If they need hospitalization, the patients will be placed in the psychiatric centers of the local general hospital. If they need further treatment before facing the outside world, they may live in half-way houses, or they may find occupational therapy at a sheltered workshop.

In the community hospitals, patients seem to respond quicker to intensive treatment than in state hospitals where treatment may take several months. In Florida, approximately 5000 patients a year recover through treatment in psychiatric centers in local hospitals. One-half of those patients who are allowed to go home from the state institutions must return for additional treatment.

The Money Bills

Money is required to put Florida's public health program into operation. The 1963 Legislature appropriated \$19 million for the State Board of Health to carry out its work during the 1963-65 biennium. This sum includes everything from salaries to scholarships and Hospital Service for the Indigent to mosquito control.

One noticeable increase of nearly one million dollars was given for the operation of the 67 County Health Departments. This was the first increase in five years but the sum—\$4,070,000—is still only 20 per cent of the total cost of operating the health units. The balance of the money is supplied by the counties themselves. The philosophy of the State Board of Health is that the health program should be initiated on the local level where each family and individual are in contact with the County Health Department's nurses, sanitarians and clinicians. The local health units provide a wide number of services to state agencies and all of this takes money.

Because most of the money is raised in the county for local needs, the Legislature amended Chapter 282, Florida Statute, to exempt county health trust funds from certain requirements of the Budget Commission.

In the past, when local units of the government, club or association supplied the money for a clinic, nurse or special program, the County Commissioners and County Health Departments had to secure the approval of the Budget Commission before they could hire persons whose salaries they would completely pay from the above-mentioned trust funds. Many times there were long delays.

Under the new provision, the County Health Departments do not have to clear every change of the budget with the State Budget Commission. The counties can alter their programs and hire new employees through agreements with the State Board of Health and the State Merit System.

Encephalitis and Laboratories

After facing three encephalitis epidemics in the past four years, the State Board of Health asked the Legislature for \$2 million for

research and control of this disease. The lawmakers at Tallahassee cut the money for this work to 10 per cent of what was asked, or two hundred thousands dollars.

The legislators must have assumed that should there be another outbreak of encephalitis, the Cabinet would release funds for the purpose of combating the disease. Money alone is not the answer. The State Board of Health needs the staff, buildings, and equipment to study the facts behind encephalitis and maintain surveillance of the bird and mosquito population.

The Legislature also appropriated \$116,000 to set up an air pollution study team for Central Florida; \$420,000 for new regional laboratory buildings at Tampa and Pensacola; and \$65,000 for a laboratory to study sand flies and other arthropods in West Florida.



The authority to regulate the use of highly toxic materials in residential areas was denied the State Board of Health by the 1963 Legislature. This pest control operator demonstrates the proper way to use lawn spray.

A Bill That Did Not Pass

One bit of legislation that met an untimely death was the bill that would have given the State Board of Health authority to adopt regulations controlling the use of highly toxic materials in residential areas.

In 1960, the State Board of Health recognized the danger to humans in the misuse of these lawn, shrubbery, and household pest sprays and inaugurated regulations controlling their use that would protect Floridians coming into contact with them. The State Department of Agriculture had regulations for farm areas but there were no standards for residential areas.

Over 40,000 brands of insecticides and pesticides are registered with the U. S. Department of Agriculture. Many of them are deadly. One of the more dangerous ones—parathion—has caused 30 accidental deaths in Florida since 1949.

When the State Board of Health tried to enforce its regulations, several commercial pest control operators contested the right of the Board to regulate their practices. The State Board of Health lost its case in the lower courts and appealed to the State Supreme Court.

The higher court, in handing down its verdict, in effect told the State Board of Health that it could not regulate the use of toxic materials in residential areas without specific authority from the Legislature. In its wisdom, the Legislature did not see fit to give the State Board of Health this authority.

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Major Duties of the State Board of Health And County Health Departments

1. The major duties listed are either required by Legislative Acts; by order of the State Board of Health or by specific State or Federal appropriation
2. There are no "housekeeping" duties included, such as consultation, county health unit budgets, fiscal matters, etc.
3. The State Board of Health, for the purpose of this list, is taken to include county health departments
4. No details of historical interest have been included, although there are many interesting ones in this category
5. Obviously the categories used do not conform to the administrative set-up of the

Florida State Board of Health. Administration was not considered anywhere in the preparation of this list

CODE:

- L Required by Law
- X Principally a central office function
- C Principally a County Health Department function
- F Specific Federal appropriation
- S Specific State appropriation

A. Control of Communicable Diseases

1. Provide for control of any communicable, contagious or infectious disease (L) This includes:
 - (a) Venereal diseases, including case finding, diagnosis and treatment; and examination of contacts (F) (L)
 - (b) Tuberculosis, including case finding by X-ray and tuberculin surveys, diagnosis, follow-up of cases and contacts, treatment of indigent cases following early hospital release
 - (c) Special surveillance programs for poliomyelitis, encephalitis, malaria, typhus, diphtheria, typhoid, leprosy
 - (d) Immunization programs for smallpox, diphtheria, tetanus, pertussis, poliomyelitis, typhoid
 - (e) Special control programs for encephalitis, rabies, brucellosis, hookworm
 - (f) Collection of reports of all cases of communicable diseases occurring in man or animals
 - (g) Enforce maritime and domestic quarantine
 - (h) Study causes of disease epidemics and their prevention

B. Control of Non-Communicable Diseases

1. Conduct programs for control of:
 - (a) Cancer, including diagnosis and treatment (F) (L)
 - (b) Heart disease, including education, rehabilitation and research (F)
 - (c) Diabetes, including screening for case finding, educating of diabetics and (L) distribution of insulin to indigent diabetics
 - (d) Glaucoma, prevention of blindness with emphasis on continuing program to screen for cases and refer those with abnormal tension for diagnosis and therapy when needed
 - (e) Mental health, including promotion; prevention, diagnosis and treatment of mental illness; research and training

C. Nutrition

1. Offer services for the promotion of improved nutrition, through surveys, community classes, etc.; cooperating with school lunch personnel, teachers, welfare workers, nursing home operators, health department personnel and others.

D. Health Education

1. Inform and educate the people of Florida concerning diseases and conditions detrimental to their physical and mental health, with emphasis on prevention
2. Keep the public informed of health conditions in the state (L)
3. Maintain an audio-visual aids library on health subjects (X)
4. Issue regularly the publication "Health Notes" (X)
5. Prepare (in some instances) and distribute printed matter, radio transcriptions, exhibits and other media, on health subjects
6. Assist in the formation of local Health Councils

E. Collection of Vital Statistics and Issuing of Certificates

1. Collect, tabulate, analyze and preserve all records of births, stillbirths, deaths, illnesses, marriages and divorces. (L)
2. Issue copies of certificates of births, deaths, marriages and divorces (L) (X)
3. Issue delayed certificates of births upon submission of proper evidence (L) (X)

Even Long Ago

All women of whatever age, rank, profession, or degree, whether virgins, maids, or widows; that shall impose upon, seduce, betray into matrimony any of his Majesty's subjects by scents, paints, cosmetics, washes, artificial teeth, false hair, Spanish wool, iron staves, hoops, high-heeled shoes, bolstered hips, or padded bosoms, shall incur the penalty of the law enforced against witchcraft and the like misdemeanors, and that marriage, upon conviction, shall stand null and void.

(Passed by British Parliament, 1770)

4. Process amendments of records upon receipt of sufficient evidence (L)
5. File new birth certificates in cases of adoption or legitimation (L)
6. File records of Legal Change of Name (L)
7. Issue monthly lists of deceased persons over 21 years of age to county and city supervisors of registration (L)
8. Send "Notification of Birth Registration" to new parents (X)

F. Maternal and Child Health

1. Protect the health of mothers and children (L) through the conducting of: maternity, well baby and preschool clinics, and follow-up of examinations of school children
2. Regulate the practice of midwifery (L)
3. Distribute prophylactic drops for use in newborn infants' eyes (L)
4. Report to county school superintendent the exceptional children requiring special educational services (L)
5. Assist in setting up minimum qualifications for the licensure of homes for dependent children
6. Promote school health program (Joint responsibility with State Department of Education)
7. Promote retarded children programs

G. Control of Narcotics and Healing Art Practice

1. Enforce State Pharmacy laws, Medical Practice Act, Uniform Narcotic Drugs Law and State Barbiturate Law (L) (X)
2. Commit narcotic addicts to a hospital at the State Prison for treatment (L) (X)
3. Approve hospitals, physicians, et cetera for issuance of Federal Narcotic Tax Stamp (X)
4. Issue Narcotic Licenses to wholesale and retail drug concerns (L) (X)
5. Register physicians, chiropodists, drug stores, pharmacists, naturopaths, chiropractors, osteopaths, physical therapists, masseurs (L) (X)
6. Promulgate and enforce regulations for the handling and labeling of drugs, devices and cosmetics (L)

H. Environmental Sanitation

1. Investigate sanitary conditions within the State; enforce maritime sanitation regulations; adopt and enforce rules concerning sanitation (L)
2. Supervise sanitation of public water and sewage disposal, including:
 - (a) Approve plans for all public water systems, sewage and industrial waste disposal (L) (X)
 - (b) Supervise all underground waters and issue permits for drainage wells (L) (X)
 - (c) Supervise sanitation of common carrier watering points

- (d) License operators of water and sewage treatment plants (X)
- (e) Promote proper home water and sewage disposal facilities
- 3. Supervise sanitation of milk and food products, including:
 - (a) Certification for common carriers
 - (b) Laboratory examinations
 - (c) Inspection of food handling establishments (C)
 - (d) Inspection of dairy farms (C)
- 4. Approve plans for and supervise operations of bottled water plants
- 5. Supervise operation of shellfish and crustacea meat processing and handling plants (L)
- 6. Inspect and issue permits for tourist and trailer camps and examine hotels and boarding houses on request (L)
 - (a) Inspect and license migrant labor camps (L)
- 7. Inspect and issue permits for canning plants (L)
- 8. Control of mosquitoes and human biting flies (S), including:
 - (a) Assist in creation and operation of mosquito districts (L) (X)
 - (b) Advising Mosquito Control Boards as to proper methods of control (L) (X)
 - (c) Supervise and issue permits for impounded waters (L)
 - (d) Administration of a State-wide Mosquito Control Program (S) (L)
 - (e) Distribution of funds to counties and Mosquito Districts on a matching basis (S) (L)
 - (f) Establish and operate a Mosquito Research Center (S) (L)
- 9. Enforce Structural Pest Control Act including:
 - (a) Promulgation of rules and regulations (L) (X)
 - (b) Investigation of Violations (L)
 - (c) Register all pest control operators (L) (X)
- 10. Approve plans for and supervise operation of public swimming pools and bathing areas (L)
- 11. Ratproofing and dusting with insecticides for control of rat fleas
- 12. General control over water pollution by industrial wastes (F) (L)
- 13. Promote health of industrial workers by means of:
 - (a) Surveys of industrial plants to find potential hazards to health of employees (X)
 - (b) Make study of hazardous working conditions and make recommendations to correct them (X)
 - (c) Investigate occupational diseases in industry and make recommendations leading to their prevention (X)
- 14. Approve plans, inspect and regulate sanitation facilities, lighting and ventilation in schools (L)
- 15. Educate persons who handle food as an occupation in sanitary techniques of performing this occupation

It's The Law

No person shall sell, barter, furnish, or give a minor cigarettes or cigarette wrappers; or procure for, persuade, advise, counsel, or compel any child under age to smoke cigarettes. Any person violating such provisions and upon conviction can be fined from \$10 to \$50 on the first offense. On second or subsequent offenses, fines from \$10 to \$100 can be levied and sentences up to 60 days in the county jail can be imposed.

(Chapter 859.06, Florida Statutes, 1907)

16. Provide for the inspection and labeling of bedding and the materials from which bedding is manufactured (L) (X)
17. Study air pollution and enforce regulations for its control promulgated by the Air Pollution Control Commission (L) (X) (S)

I. Laboratory Services

1. Make bacterial and biochemical analyses of water, food, milk, drugs, sputum, blood, et cetera (X)
2. Examination of a variety of clinical material for evidence of viral diseases; i.e., poliomyelitis, encephalitis, influenza and psittacosis
3. Approve laboratories for serologic testing for syphilis (L) (X)
4. Analyze sewage and industrial waste products
5. Make analyses of substances suspected of containing narcotics (X) (L)
6. Perform chemical and physical analyses for industrial contaminants or toxicants (X)
7. Identification of mosquitoes, rat fleas and other insects (X)
8. Analysis of contents of human body where death from poisoning suspected (L) (X)
9. Analysis of carcasses of animals of communicable disease suspected and of the brains of animals for rabies (L) (X)
10. Cooperate in a program for increasing efficiency of medical laboratories (X)
11. Analysis of drugs, devices and cosmetics (L)
12. Analysis and identification of bedding material

J. Dental Health

1. Promote dental health by means of:
 - (a) Advocacy of preventive measures known to reduce dental decay, by promotion of fluoridation of public water supplies, etc.
 - (b) Maintenance of mobile dental unit for corrective services to underprivileged children
 - (c) Operation of mobile dental X-ray diagnosis unit for education and early detection of dental caries of elementary school children
 - (d) The administration of a dental preceptorship program in cooperation with the State Board of Dental Examiners

K. Professional Education

1. Cooperate with, assist and provide for post-graduate education of physicians, dentists, sanitary engineers, health educators, nurses and medical technologists (X)
2. Maintain a medical and public health library service including texts, periodicals and reprints
3. Responsibility for awarding of state scholarships for the study of medicine, osteopathic medicine, dentistry, and the several disciplines concerned with mental health (X) (S)

L. Miscellaneous

1. Inspect and license hospitals (L) (X) and nursing homes (L)
2. Coordinate medical activities in the Civil Defense Program (X)
3. Register medical technologists (L) (X)
4. Issue burial permits (L)
5. Issue disinterment permits (X)
6. Promulgate regulations for transporting bodies
7. Establish Community Health Program (X) (C)
8. Administration of a program designed to provide hospital care for the indigent including hospital care for Public Assistance Recipients and Medical Assistance for the Aged (C) (S)

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HON. FARRIS BRYANT
Governor of Florida

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Albert V. Hardy, M.D., Dr. P.H.
L. L. Parks, M.D., M.P.H.
C. M. Sharp, M.D.
William L. Wright, M.D., M.P.H.
Wayne Yeager, M.D., M.P.H.

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Division of Personnel.....	Miles T. Dean, M.A.
Division of Public Health Nursing.....	Ruth E. Mettinger, R.N.
Co-ordinator of Training.....	Robert V. Schultz, M.D., M.P.H.

Tampa Bay Regional Encephalitis Laboratory..... James O. Bond, M.D., M.P.H.

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Assistant Director.....	Hubert U. King, M.D.
Division of Sanitation.....	A. W. Morrison, Jr., R.S.
Division of Nutrition.....	Mary B. Deaver, M.S.

Bureau of Finance and Accounts.....	Fred B. Ragland, B.S.
Assistant Director.....	Paul R. Tidwell, B.B.A.

Bureau of Vital Statistics.....	Everett H. Williams, Jr., M.S. Hyg.
Division of Data Processing.....	Arnold Kannwischer, B.S.
Division of Public Health Statistics.....	Oliver H. Boorde, B.S., B.A.
Division of Vital Records.....	

Bureau of Dental Health.....	Floyd H. DeCamp, D.D.S.
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Bureau of Narcotics.....	Frank S. Castor, Ph.G.
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Bureau of Laboratories.....	Nathan J. Schneider, Ph.D.
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Bureau of Mental Health.....	Wayne Yeager, M.D., M.P.H.
Assistant Director.....	Edward L. Flemming, Ed.D., M.P.H.

Bureau of Entomology.....	John A. Mulrennan, B.S.A.
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Bureau of Maternal and Child Health.....	L. L. Parks, M.D., M.P.H.
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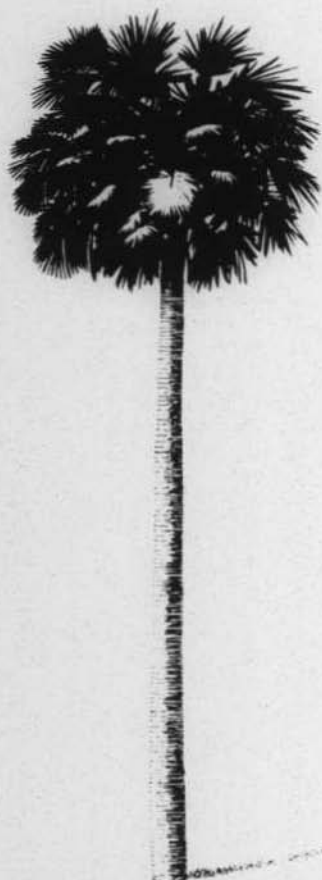
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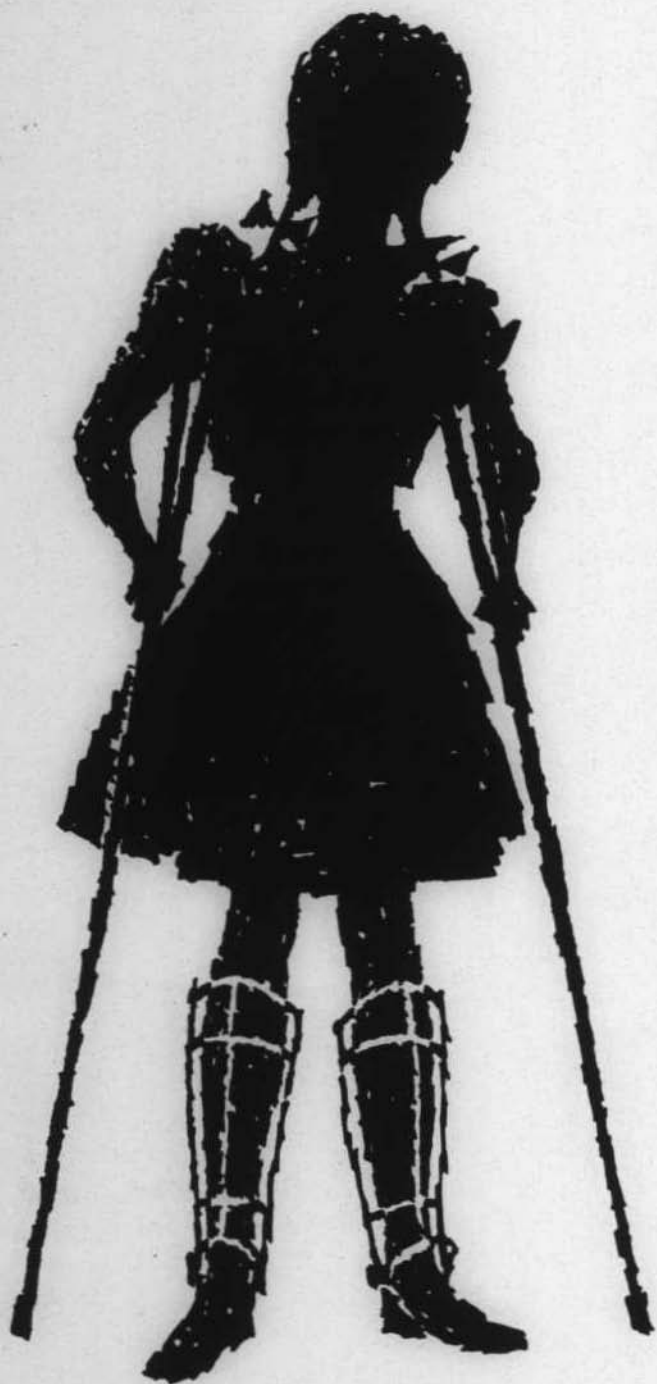
FLORIDA HEALTH NOTES

VOLUME 55 — NO. 8

OCTOBER 1963

The Health
VOLUNTEERS

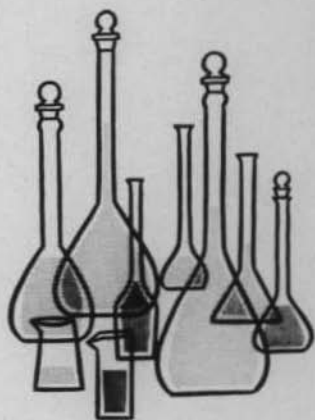
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**Many children walk again (some on crutches)
as the result of many voluntary health
agencies' programs.**

VOLUNTEERS

in
Florida's
Public
Health
Picture



DID you know the people of Florida give about five million dollars each year to **voluntary health organizations**? That's lots of money! It is given to the Florida affiliates of the American Cancer Society, National Tuberculosis Association, National Foundation, National Association for Mental Health, National Association for Retarded Children and many other groups who fight disease, ignorance and illness. But many of you who give are not familiar with the work of these associations, foundations and societies or know how they cooperate with tax-supported health agencies, like the State Board of Health and the 67 County Health Departments.

This issue of **Health Notes** will tell you what a voluntary health organization is, how it operates and will give a brief description of

FLORIDA HEALTH NOTES

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some of the leading associations in Florida. How they cooperate with tax-supported health agencies (like us) will also be shown.

In the following story, can you pick out which service was given by a voluntary health organization and which by a tax-supported agency?

Just One of Many

MRS. J is a middle-aged woman who lives in a rural community. She had been feeling "poorly" for some time, but she thought it was from overwork and that with the passage of time she would improve. Mrs. J told a neighbor that she did not feel well. A few days later, the neighbor gave her a pamphlet on cancer saying, "Perhaps you ought to have a check-up to find out if it's anything serious."

Mrs. J went to her physician. After listening to her tell of her symptoms, the doctor gave her a thorough examination. He found a growth in her abdomen and told her that she should go to a Tumor Clinic in a neighboring city for a definite diagnosis. He filled out an application, made an appointment for Mrs. J and helped her arrange transportation to the Clinic. Because she was unable to pay for the needed examination, she signed the application for assistance as a medically indigent patient.

The Tumor Clinic was located in a modern hospital. Mrs. J's physician sent a history of her case to the Clinic, along with the findings of the tests he had performed. Diagnostic X-rays and laboratory work were done and the specialists informed the Clinic director (and Mrs. J) that she had a localized (one that had not spread from the place of origin) malignant tumor which could be treated with radium.

Since she would have to remain in the city for several days for treatment, Mrs. J was provided with a room in a boarding house. After several days of treatment, she was told that the specialists had decided to operate. A capable surgeon removed the growth. Two pints of blood were needed during the operation. She was hospitalized for more than two weeks following surgery. Then she was discharged from the hospital and went back to the Tumor Clinic. They told her she might go home and that a public health nurse would visit her to change her dressings and check on her progress.

Mrs. J was happy to be home, even though she was still confined to her wheelchair. The public health nurse made several visits and sent progress reports to the physician at the Tumor Clinic. Mrs. J has completely recovered and now goes back to the Tumor Clinic once a year for a check-up. If her malignancy does not recur, she will be discharged after five years.

Immunization campaigns are carried on by public health agencies, assisted in some instances by voluntary organizations.



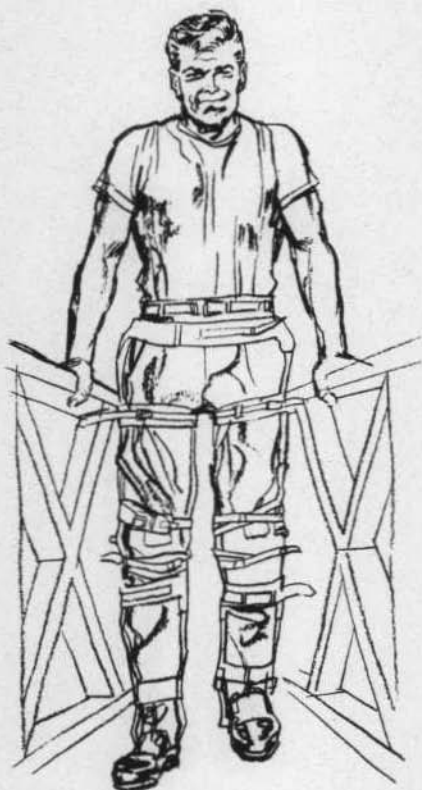
Who Provided What?

THE diagnostic examinations, treatment and surgery that gave Mrs. J a new lease on life were provided by a number of individuals and organizations that made the entire operation a community activity.

The neighbor, who gave Mrs. J the pamphlets on cancer, obtained them from a Cancer Information Center. (There are 15 operated in the state by the Florida Division of the American Cancer Society.) The County Health Officer was consulted by Mrs. J's physician about her case and they both signed the application that permitted her to enter the clinic as a medically indigent patient. The Cancer Society provided the transportation for Mrs. J's trip to the city.

The State Board of Health provided the major portion of the money for the Tumor Clinic—staff, equipment and the X-ray and laboratory tests. The Cancer Society paid some of the clinic's expenses while the hospital supplied the necessary space. The specialists (pathologist, internist, radiologist and gynecologist) gave their time and experience in diagnosing and treating Mrs. J without charge.

During the few days that she was an outpatient of the Tumor



Rehabilitation of the handicapped is one of the services provided by a number of voluntary health agencies.

Clinic, the Cancer Society furnished Mrs. J with the room and board that she could not provide for herself. It also arranged for transportation from the boarding house to the Clinic each day. The money for these services came from donations to the Cancer Society.

During the operation, the two pints of blood Mrs. J was given were charged to the Blood Bank account of the Cancer Society, which had to get the blood from volunteers. The surgeon donated his services in performing the operation without charge. The Hospital Service for the Indigent program (which is financed by the county and state governments) paid for Mrs. J's hospitalization at its basic rate. The Cancer Society provided some of the dressings to cover Mrs. J's incision and gave her a bed jacket. These latter necessities were donated by one of the

Society's cooperating groups (perhaps a church or woman's club).

When she was discharged from the hospital, the Cancer Society provided transportation to her home. The County Health Department loaned her a wheelchair and other sickroom supplies from its loan closet. The public health nurse that visited Mrs. J during her convalescence was on the staff of the County Health Department. The Tumor Clinic personnel, who are paid by the State Board of Health (the Cancer Society occasionally provides a clerk) has the responsibility of checking on Mrs. J once a year during the follow-up examination. If needed, the County Health Department staff assists in locating and encouraging ex-patients, such as Mrs. J, to return routinely for an annual check-up . . . Doesn't all this tell a story of cooperation?

What Is a Voluntary Health Organization?

WHAT is the difference between a "public" (tax-supported) health agency and one that is called "voluntary"?

Public health agencies are supported by taxes. In Florida, the State Board of Health and the County Health Departments are good examples. Money is appropriated every other year when the Legislature meets and these funds are designated for salaries, travel, supplies and specific health programs. Just what the official agencies can and cannot do are fairly well defined by law and programs are planned according to the personnel and money available.

Voluntary health organizations are supported by public contributions (from people like you and me), gifts from industry, grants from foundations and trusts, and governmental research grants. Each group's activities are controlled by its stated objectives, the size of its budget and the considered judgment of its board of directors and executive officers.

Some of the larger and older organizations, such as the National Tuberculosis Association and the National Foundation, have broadened the scope of their programs. Others, like United Cerebral Palsy and the National Multiple Sclerosis Society, are made up of victims, relatives and friends of victims of a single disease or condition.

While the programs of the organizations vary so widely that a composite picture of a voluntary health organization is impossible, they all have one thing in common: their goals are to educate the laymen (and in some instances, professional people), to spread information about the condition in which they have an interest, and to create an acceptable image of their organization so they will continue to receive public support. Other activities are promoting research, creating scholarship funds, and providing care and rehabilitation for victims of the disease or condition. Throughout all of these programs, each voluntary organization tries to maintain a distinctive activity that will serve a segment of the public but elicit support from all.

How Does a Voluntary Agency Get Started?

VOLUNTARY agencies usually begin with a few persons who are interested in a health problem which affects a group of people. Perhaps they are persons who have successfully recovered from a disease, are alive but crippled from such a disease, or are relatives of those who have succumbed. They are aware that steps can be taken to help the suffering of victims of the specific disease and/

or to cut down the number of deaths. One voluntary health movement began with a researcher and a physician who had recovered from the disease on one hand, and a group of energetic female fund raisers and a philanthropist working together on the other hand.

Fund-raising developments over the years have shown that in order to obtain contributions from the public, it is necessary



Some voluntary health agencies maintain loan closets of such items as wheelchairs, crutches and other invalids' needs.

to secure community participation. In order to have meaningful participation by the community, it is necessary to show that a search for the cause is going on or that scientists can demonstrate practical desirable results that can be measured, such as a definite drop in cases and/or deaths from the effects of the particular disease.

The large voluntary health organizations of today have grown from such small acorns as an unpaid executive secretary (Jack Marvin of the American Heart Association) or a dedicated near-victim (Lawrence F. Flick of the National Tuberculosis Association). In each instance, a few friends were urged to become directors of the organization. Physicians who had visions of what could be done through research and education joined the group. Wealthy individuals donated money. People from other parts of the country became interested and were the nucleus of new groups in local areas. Funds started to roll in through the use of mass media (newspapers, radio, movies and television). With recognition and acceptance by the public, responsible voluntary health agencies are now able to collect and use millions of dollars yearly for education, research and service.

What Is the Role of the Voluntary Health Agency?

THERE is a need for the voluntary health agency in our society today. (And there is an obligation for public and voluntary agencies to work together for the good of the community.) Voluntary agencies have often been noted for their flexibility. Sometimes these volunteers can step out and carry on an activity that the public health authorities cannot perform because of legal restrictions or because of the lack of money or personnel. The voluntary agency may use its funds any way it desires. It can initiate interest in a neglected disease or condition; blaze a trail in establishing new training in a particular field by providing scholarships; pioneer in new methods of treatment and research;



All public health and voluntary health programs emphasize the necessity of regular physical checkups.

and provide services for the community in addition to what the health department agency can supply.

Each voluntary organization was started by people who were interested in one health problem and they initiated action in a field in which no other voluntary agency was giving attention. Independence, rather than unity has marked the growth of such organizations. But in order to avoid duplication of effort there is much cooperation between health departments and voluntary health associations.

In the attempt to inform the public about their work, voluntary health agencies vary in the amount of time and effort they devote to education and fund-raising. There should be a close relation between the two activities because the more the community learns about and accepts a particular agency and its stated purpose, the more it is willing to support that organization. And the agency that exists just to raise money, and neglects the educational aspects of its program, does not prosper.

Cooperation

THERE is a constant flow of educational and audio-visual materials between the voluntary agencies and the State Board of Health. Some 45 voluntary and official agencies have films available through the Board's Audio-Visual Library and a number of associations exchange pamphlets with this public agency. But this is not the only field in which there is cooperation. A day never passes when voluntary agency representatives and public health department staffs are not in contact many times.

Some of the services available through the voluntary agencies and carried out, often after consulting with the State Board of

Health are: transportation to clinics, physicians' and dentists' offices, schools, treatment and rehabilitation centers; drugs and medicines at reduced rates for sufferers from a specific disease; supplies for the sick-room; examinations for different types of illnesses; and rehabilitation for victims of the disease that enables them to live useful lives with their particular handicaps.

The voluntary health organizations cooperate with many tax-supported agencies in the education of the professional worker (either with scholarships, fellowships or conferences and seminars). Councils composed of representatives from



Research is supported by all of the voluntary health agencies.

public and voluntary health agencies and professional groups meet regularly to discuss health problems. Examples of these very important groups are those on cancer and mental health.

Florida recognizes the worth of voluntary health agencies and requires that non-profit organizations register with the Secretary of State. This is the first criterion for official recognition by the Florida Medical Association. Twelve voluntary health agencies are making plans to form a Voluntary Health Agencies Coordinating Committee to consider the mutual problems of the agencies and to plan for staff training and professional institutes. They are: Florida Chapter, Arthritis and Rheumatism Foundation; Florida Council for Retarded Children; Florida Division, Inc., American Cancer Society; Florida Heart Association, Inc.; Florida Association for Mental Health; Florida Society for Crippled Children and Adults, Inc.; Florida Society for the Prevention of Blindness, Inc.; Florida Tuberculosis and Health Association; Muscular Dystrophy Association of America, Inc.; The National Foundation; National Multiple Sclerosis Society; and United Cerebral Palsy of Florida.

THE VOLUNTARY HEALTH ORGANIZATIONS OF FLORIDA

Following are the major voluntary health organizations which have statewide units in Florida. They are listed in alpha-

betical order. By no means is this to be considered an all inclusive listing.

FLORIDA CHAPTER, ARTHRITIS AND RHEUMATISM FOUNDATION

1206 Huntington Medical Building
Miami, Florida 33103

THE three prongs of the attack carried on by this foundation against arthritis and related diseases are research, education and service. This work is carried on with guidance and approval of a medical advisory committee. Over 320,000 known persons in Florida are afflicted with arthritis and rheumatism.

The state chapter and its 16 local divisions assist with the following programs: research on the national and state level; educational material for patients, physicians, physical therapists, nurses and the general public; open forums (usually sponsored by the Arthritis Foundation with the cooperation of County Medical Societies); postgraduate seminars for physicians; clinics where physical therapy is provided for arthritics (often in conjunction with the Florida Crippled Children's Commission); craft shops; loan closets of wheelchairs, walkers, crutches and other devices; and a program to warn arthritics about quack methods of treating arthritis.

On the community level, the divisions have complete control of their programs and may select the services which they feel are most valuable to the arthritics in that local area.

The official publication of the Florida Chapter, **Florida Arthritis News**, is available to persons interested in the arthritis problem.

AMERICAN CANCER SOCIETY, FLORIDA DIVISION

416 Tampa Street
Tampa, Florida, 36602

THE good of this organization is the elimination of cancer as a serious health problem. Its resources are used to finance research into methods of preventing cancer; render certain services to cancer patients; and provide public and professional education programs and projects on a year-round basis.

The Florida Division, which has at least one unit in every county, shares the cost of operating 23 of the state's 24 tumor clinics where cancer is detected and treated. When funds are available, the local units pay for the transportation of indigent patients to the clinics; provide room and board for indigent out-patients; and see to some of the personal needs of cancer patients. Medical advisory committees work with the Cancer Society on all levels—county, state and national.

One specific aim is to provide medical and allied professions with information on the early detection, diagnosis and treatment of cancer. The society frequently shares the cost of seminars for physicians, nurses and other workers with the State Board of Health. It also provides without cost, public education and professional information through films, pamphlets, speakers and magazines and supplies the press, radio and TV with information as a public service.

A representative of the State Board of Health serves on the Florida Division's Committee on Cancer Nursing Education and Scholarships. Other representatives of the State Board of Health serve on the executive committees and boards of directors of cancer units at both state and county level. There are two representatives of the American Cancer Society on the Florida Cancer Council, which also has representatives from the State Board of Health, the Florida Medical Association, the American College of Surgeons and the Florida Association of Tumor Clinic Directors.

FLORIDA COUNCIL FOR RETARDED CHILDREN

400 North Adams
Tallahassee, Florida

THIS organization has as its aim the general welfare of mentally retarded children of all ages, the understanding of the problem and mental retardation by the public, and the increased cooperation of public and private agencies.

Affiliated with the National Association for Retarded Children, the Council now has 28 local units in Florida. The voluntary health agency encourages parents of mentally retarded children to form groups for discussion of their common problems. In line with this program, the Council cooperates with public agencies (State Board of Health and Sunland Training Centers) in conducting orientation programs for parents of retarded children at the Sunland Centers.

The organization is interested in the education and training of personnel who work with mentally retarded children; serves as a clearing house for general information; and seeks the passage of legislation that would benefit the mentally retarded.

The Council seeks the habilitation of the mentally retarded through sheltered workshops; provides day care, home training, temporary shelter, recreation, counseling and guardianship for this group.

The state agency has a research committee that works with it. On the national level, the organization supports research in the following fields: cause, prevention and treatment of mental retardation; evaluation of the handicapped individual; child development and basic learning and thinking processes; and relationship of the mentally retarded to his environment.

In several Florida counties, the Council has cooperated with public health agencies in the testing of young infants for phenylketonuria (PKU) in order to prevent mental retardation and to assure swift and effective dietary treatment.

FLORIDA HEART ASSOCIATION

5350 15th Way North
St. Petersburg, Florida, 33703

AFFILIATED with the American Heart Association, this organization is the only voluntary health agency in the state which devotes all its energies to the reduction of premature death and disability caused by the many forms of heart and blood vessel diseases.

It has expanded its support of cardiovascular research at many Florida institutions during the past three years and continues to bring the latest results of research to physicians and paramedical groups (such as technicians and pharmacists), and the general public. The association cooperates with the State Board of Health and other voluntary and state health agencies in the Florida Heart Council, which formulates policies and coordinates work in the field of heart research.

As new drugs, tools for diagnosis, surgical procedures and other scientific advances are recorded, the association's program of professional education uses a wide variety of methods to make these developments known to physicians and other professional workers concerned with the cardiac.

The association also brings up-to-date information to the general public about stroke, coronary heart disease, high blood pressure, rheumatic fever, arteriosclerosis, congenital defects and many other ailments which affect the circulatory system. Such education lays the basis for better cooperation with the physician by heart patients and their families. It helps protect healthy hearts and stimulates broader public support of research and participation in community efforts to improve the facilities and services needed by heart patients.

Twenty heart clinics have been set up, inspected and approved by the association. The State Board of Health cooperates by providing funds and nursing services. Physicians volunteer their services for this work.

FLORIDA ASSOCIATION FOR MENTAL HEALTH

1217-A North Orange Avenue
Orlando, Florida, 32804

THIS association is the voluntary citizens' organization dedicated primarily to the cause of the mentally ill and handicapped. Its purpose is to work with local chapters and the National Association for Mental Health for improved care and treatment of the mentally ill and handicapped; improved methods and services in research, prevention, detection and diagnosis of victims of mental illness; and the promotion of good mental health.

Cooperation between the official health agencies and this association occurs on two levels: between the State Board of Health and the state organization and between the 26 local chapters and their respective County Health Departments. The public agencies give guidance and assistance to local mental health chapters in planning and establishing demonstration community-based mental health facilities and such services as family counseling, school mental health projects, consultation and counseling for relatives of mental patients, and mental health clinic services.

On the community level, the volunteers assist in helping patients who have been released from state hospitals to readjust to their communities through social clubs and other community programs. The County Health Department workers assist the local mental health associations with the distribution of pamphlets to the general public, and in helping meet the needs of families of hospitalized mentally ill patients.

The association, at both the state and local levels, helps support basic and applied research on schizophrenia and other mental illnesses. Books, pamphlets and programs are published for special groups such as clergy, police, industries and families (of patients). Plays, recordings and exhibits are also made available.

FLORIDA SOCIETY FOR CRIPPLED CHILDREN AND ADULTS

515 South Orange Avenue
Orlando, Florida

THE purposes of this society are to extend and develop rehabilitation services for the physically handicapped; educate the public, professional workers, parents and employers to greater understanding and acceptance of the crippled person; conduct research into the cause and prevention of crippling diseases or injuries; and improve methods of care, treatment and education of the victims themselves.

The Florida Society is affiliated with the National Society for Crippled Children and Adults, popularly known as the Easter Seal Society.

Thirteen rehabilitation or therapy centers are operated in Florida through local chapters. These centers range from physical or occupation therapy clinics to some of the most comprehensive rehabilitation centers—with paid medical direction, physical, occupational and speech therapy, pre-vocational evaluations and medical social work.

There are 10 chapters (in addition to the 13 mentioned above), several of which are multi-county, with special local projects, such as sponsoring special classes for handicapped children, speech and hearing clinics, mobile units, artificial parts for the body, appliances for patients, and camperships.

The Society operates Camp Challenge where severely handicapped or blind children attend summer sessions. They are referred to the camp by public health nurses, special education teachers, private physicians, other voluntary health agencies and the society's treatment centers. Camp fees are frequently paid by local and state chapters or other voluntary health agencies, service and woman's clubs, as well as through the Easter Seal program.

Other current statewide services include scholarships at state universities; a campaign to eliminate architectural barriers for the handicapped; and a self-help clothing program for patients.

A professional advisory committee annually reviews the statewide service program and makes recommendations. All services are carried on in concert with the State Board of Health, the Florida Crippled Children's Commission, the Division of Vocation Rehabilitation of the State Department of Education and the various County Health Departments.

FLORIDA SOCIETY FOR THE PREVENTION OF BLINDNESS

2710 South MacDill Avenue
Tampa, Florida, 33609

THEIR goal and purpose is saving sight. There is no duplication of the work of organizations serving the permanently blind. The Society's main objective is to prevent blindness.

The Florida Society for the Prevention of Blindness is an affiliate of the National Society for the Prevention of Blindness, the second oldest voluntary health organization in the country. It is the only national voluntary health agency engaged in the prevention of blindness through a total program of research, service and education.

Services: Provides educational material for public distribution on care and protection of eyesight. Assists teachers' colleges and universities, local educational departments and PTAs in planning workshops on vision and prevention of blindness services. Alerts teachers and nurses to signs of eye trouble among children and sensitizes them to a classroom environment conducive to good eye health.

Promotes adequate educational provisions for children with partial sight, and provides scholarships for special preparation for these teachers. Works with school personnel to develop sound eye protection programs in school laboratories and workshops. Works with industry to promote 100 per cent eye safety programs and consideration of visual capacity in relation to job requirements.

Organizes program to check the vision of preschool children for signs of eye trouble, and programs to detect early signs of glaucoma in adults. Health department cooperation on follow-up is sought on all referrals, and volunteer nurses from the health departments are used in actual glaucoma screening whenever they are available. The Society provides free publications, posters, films, lectures, charts and advisory services on request. Directs individuals to sources of information about eye care and all matters related to maintaining eye health.

The Florida Society has a Medical Advisory Committee composed of 32 ophthalmologists from throughout Florida and is recognized by the Florida Medical Association, one of the eight voluntary agencies recognized to date.

FLORIDA TUBERCULOSIS AND HEALTH ASSOCIATION

P. O. Box 1071
Jacksonville, Florida, 32207

THIS association, an affiliate of the National Tuberculosis Association, was one of the first state voluntary health organizations established in Florida. Funds for its programs are derived from the annual Christmas Seal campaign.

Although its original efforts were concentrated primarily against tuberculosis, the association today directs its activities toward all respiratory diseases (including tuberculosis). Work is done in case detection, professional and public education, research, rehabilitation and patient services, and in prevention. The association works closely with official health agencies and allied professional groups and organizations.

The association's program seeks to motivate the individual and the community to prevent tuberculosis; insures adequate provisions for diagnosis, treatment and rehabilitation for tuberculosis patients; and takes similar appropriate measures toward other respiratory diseases. Goals include the advancement of scientific treatment for tuberculosis and other respiratory diseases, the eventual eradication of tuberculosis, and the control of other diseases of the respiratory system.

The Florida Tuberculosis and Health Association has 29 local affiliates. Pilot demonstrations are underway in the formation of area-type affiliates to replace the former county-type organizations throughout Florida. This is designed to improve the quality of association activities and to promote efficiency and economy of operation. Its medical section, the Florida Thoracic Society, is affiliated with the American Thoracic Society.

MUSCULAR DYSTROPHY ASSOCIATION OF AMERICA, INC.

329 Seybold Building
Miami, Florida, 33132

DEDICATED to the conquest of neuromuscular diseases, this association sponsors research into nerves, muscles and metabolism; education of the public and professional workers; and services to victims of the disease. Those who suffer from this affliction are mostly children in whom the disease progresses more rapidly than in adults.

Education of professional persons is carried on through exhibits, information centers and lectures. Floridians contribute to the Institute of Muscle Diseases which carries out basic and applied research.

Clinics are maintained for diagnosis, medical supervision and assistance in rehabilitation. Services to the community include the loaning of wheelchairs, lifts, braces and orthopedic devices.

While official public health agencies do not as yet have programs involving neuromuscular diseases, public health nurses refer victims to this agency's clinics for diagnosis and treatment.

• • •

In the United States there are over 100,000 national, state and local voluntary health and welfare agencies. Over 100,000 fraternal, civic, veteran and related organizations sponsor some health and welfare activities. Many of the nation's 300,000 churches do some health work. Florida has its share of such organizations who solicit contributions from the general public.

THE NATIONAL FOUNDATION

P. O. Box 2546
Orlando, Florida

FOUNDED in 1938 for the fight against poliomyelitis, The National Foundation has expanded its program to carry out direct patient aid, medical research and education of the public in the fields of birth defects, juvenile arthritis and disorders of the central nervous system.

The volunteer health agency sponsors many special treatment centers for birth defects and arthritis throughout the country. In Florida, it supports a special treatment center for birth defects at the University of Florida Medical School, and a new treatment center for arthritis at the University of Miami.

The National Foundation supported medical research carried on by three Florida physicians during the past year. It also sponsors the Salk Institute for Biological Studies in California and scientific projects at 48 institutions in 23 states and three foreign countries.

In an attempt to supplement the services offered by other agencies, the 67 chapters of The National Foundation in Florida cooperate with the State Board of Health, the County Health Departments, Florida Crippled Children's Commission, the Division of Vocational Rehabilitation of the State Department of Education and other health agencies. Each local chapter has a medical advisory committee.

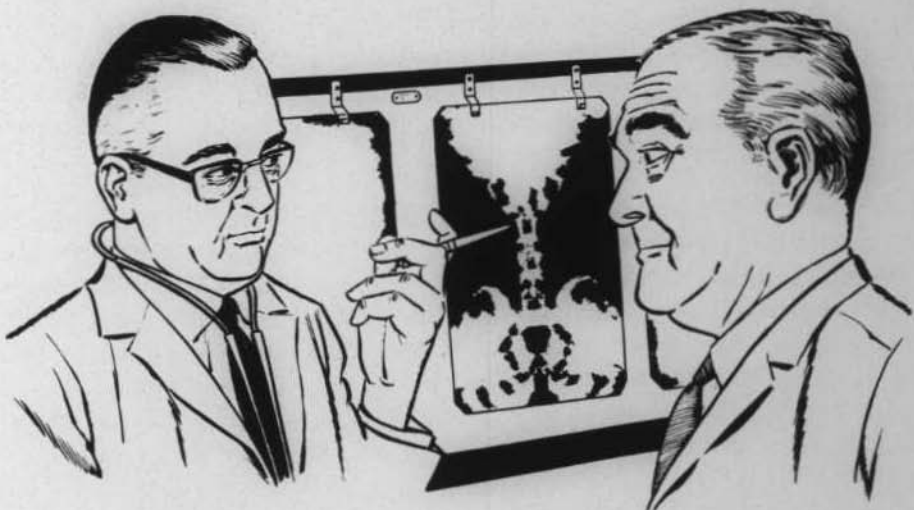
In education of the public, The National Foundation encourages parents and children to become vaccinated against polio with Salk and Sabin vaccines, which were developed under National Foundation-supported research. This voluntary health agency publishes pamphlets with information for prenatal care of expectant mothers; offers health scholarships to qualified high school graduates; and upon request, makes educational materials and bibliographies of films and exhibits available through the state offices of The National Foundation.

NATIONAL MULTIPLE SCLEROSIS SOCIETY

P. O. Box 1050
Jacksonville, Florida, 32202

THIS society has four chapters in Florida. Its aims are to stimulate, coordinate and support research in multiple sclerosis, assist in the establishing of clinics and centers, aid victims of the disease and their families, and make money available for the diagnosis and treatment of the disease.

The Florida chapters assist the national society with the financing of research. Locally, they give physical therapy equipment to hospitals, purchase nursing services from the Visiting Nurse Association (or have nurses on their staff if the budget permits), and cooperate with other voluntary health agencies, local clubs and churches in the transportation of victims of the disease to clinics, physicians', and dentists' offices. Also available on the local level are "friendly visitor" programs and ambulatory aids to assist victims of multiple sclerosis to walk.



X-rays are one of the diagnostic tools used in the investigation of many diseases.

UNITED CEREBRAL PALSY OF FLORIDA

717 Olympia Building
Miami, Florida, 33131

COMPOSED of nine local units, each with a medical advisory board, this organization has as its main objective the over-all, long-range attack on the problem of cerebral palsy through training and research.

The agency seeks to provide information and needed treatment, care and education for those afflicted; trains handicapped victims for employment and helps them find jobs; stimulates and finances research into the cause and prevention of cerebral palsy; guides parents of children with the affliction; encourages legislation to help the handicapped; and helps increase the number of specialists working in the field.

Centers have been established by this voluntary health agency in Pensacola, Panama City, Jacksonville, Orlando, Lakeland, Tampa, St. Petersburg, Ft. Lauderdale and Miami. These centers provide diagnosis, evaluation and consultation in medical fields relating to the cerebral palsy. The organization also gives such services as physical, occupational and speech therapy; psychological and social services; parent education and counseling; vocational training and evaluation. Day care programs are provided for preschool children. Camping and transportation, as well as surgery and braces, are sometimes provided.

The organization supplies publications on cerebral dysfunction to public health nurses, health officers and libraries. It cooperates with boards of public instruction to provide educational services for victims of cerebral palsy and to grant scholarships at state universities for the training of teachers and physical occupational and speech therapists who will work with exceptional children.

• • •

A Story in Cooperation

The Story

MR. Y, a Florida laborer, was on his way to work one day when he saw a State Board of Health mobile X-ray unit parked at a downtown curb. He recalled that he had read in the newspaper about the tuberculosis X-ray survey going on in his town.

"Might as well have an X-ray. It's free," Mr. Y thought as he turned toward the large trailer.

A woman assisted him in filling out a registration form. Inside he stood in front of a machine while the technician took an X-ray. As he stepped from the trailer, the woman said, "If we find anything wrong with your lungs, we'll be in touch with you."

A few days later, Mr. Y received a letter requesting him to come to a follow-up clinic. The physician who had read the X-ray thought he detected something abnormal in his chest. A large X-ray film was taken; he collected a specimen of sputum; and a tuberculin test was made. He was referred to his private physician, whom he visited.

(Continued Next Page)

Behind the Scenes

THE local chapter of the Florida Tuberculosis and Health Association, in conjunction with an "advance man" from the State Board of Health, helps set up the schedule of locations for the X-ray units. It supplies information to the newspapers, radio, TV and other mass media. Posters are printed and X-ray schedules are widely distributed.

The X-ray unit was either owned by the State Board of Health, County Health Department or (in a few counties) by the local TB Association. The woman, from the local chapter was a volunteer; the technician was probably paid by the State Board of Health.

The follow-up clinic was established and operated by the County Health Department. If Mr. Y did not report to the clinic, a public health nurse would call at his home and ask him to visit his private physician or the clinic. Educational material was supplied by the TB Association to the patient and his family.

His sputum was examined in the laboratories of the State

(Continued Next Page)

Several days later, Mr. Y was informed by his physician that he had an active case of tuberculosis. It would be best, both for him and his family, if he would enter a tuberculosis hospital where he could receive proper treatment.

The public health nurse consulted with Mr. Y's physician who agreed that the family should have thorough chest X-ray examinations or tuberculin tests every few months for a while to make sure none of them had contracted TB.

At the hospital, Mr. Y received a thorough physical examination. An eye test proved that he needed glasses. These were made available. If Mr. Y was unable to supply himself with pajamas and other necessities, they would be provided. He was given pamphlets and other material which told him about TB. Since he was the wage earner, his family received Aid to Dependent Children while he was in the hospital.

After nine months, Mr. Y was discharged from the tuberculosis hospital. He returned to work but he reported periodically to the County Health Department (and/or his physician) for continued treatment and reexamination.

Board of Health and X-ray films were read by the Board's physicians. His tuberculin test was done by a physician at the County Health Department clinic. The tuberculosis hospital is state-owned and operated.

The County Health Department maintained records on family members and made sure they did not forget to come in for a check-up at the proper time.

The eye glasses were obtained in cooperation with a local civic club. Articles of clothing were occasionally provided by the local TB Association, which also donated material to the hospital for patient education.

His family was assisted by the State Department of Welfare through a state-federal program while Mr. Y was in the hospital.

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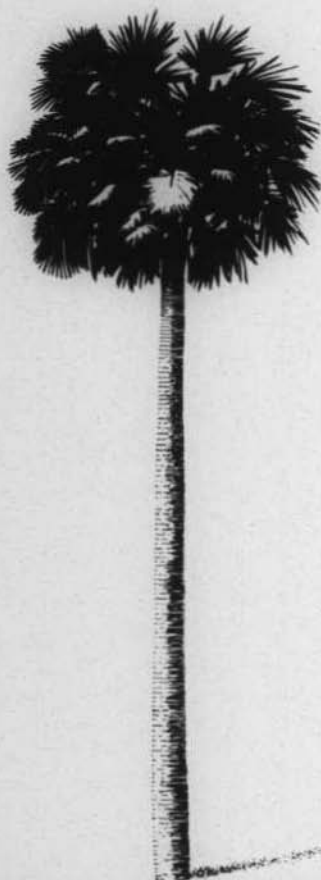
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FLORIDA HEALTH NOTES

VOLUME 55 — NO. 9

NOVEMBER 1963

Household Pests

FLORIDA STATE LIBRARY

READ THE LABEL!

A large amount of work has gone into the preparation of the material printed on the label of the pesticide you buy. The label must be registered with federal and state departments of agriculture. It has been stated that the words that appear on a pesticide label are the most expensive in literature. It frequently costs a manufacturer more than two million dollars to obtain label approval. This is done to make sure YOU get the information you NEED to make proper, safe and effective use of the contents of the package.

READ THE LABEL—FOLLOW THE INSTRUCTIONS. It may save you from serious trouble. At least, it will prevent disappointment in results or waste of material.

It is very important to read the small print on the back panel of the label. This is where you will find the government-approved statement of what insects the insecticide will control. You will also find the names of the primary and secondary active ingredients, and an indication of the type of base or carrier used. The concentration of the main ingredient is also given. You will find an approved caution statement as to the toxicity (amount of poison) of the contents. Do not base your judgment on such words as "Safe" or "Harmless" on the front of the package. Make your decisions according to the more cautious scientific statement on the back and side panels.

Household Pests

HOUSEHOLD pests—insects and rodents—seem more of a problem in Florida's warm climate than in the rest of the nation. This statement is more than offset by the state's year-round climate and optimum living conditions and though we will out argue the other 49 states about the desirability of Florida as a place to make a home, still we can face reality . . . and these pests are a distasteful nuisance, and a few can spread disease.

Visitors and new residents from the north have often asked why Florida has more "bugs" than they are accustomed to seeing in colder climates. There are many reasons for this. The warm climate is one. Biological activity is greater when temperatures are moderate. The open or light construction of our houses is another reason. And, for many people living in subdivisions reclaimed from swamp or other wild land, the proximity of "nature in the raw" is another. We live and eat outdoors a great deal, and this, too, attracts insects.

Some scientists have said that without constant warfare against them, the insects would take over the planet. It is our intention here to offer some practical suggestions that will at least help prevent such a catastrophe for a few generations.

This issue of **Health Notes** is designed to serve a purpose beyond that of a magazine article. It is prepared to serve as a handbook—a daily reference and guide—on the control of these insects and rodents that invade our homes. The infinitely greater variety

FLORIDA HEALTH NOTES

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of pests we find in our gardens and lawns is not included here.

The pests themselves are first listed under paragraph headings, with a brief description and discussion of each. After reading the paragraph you are referred to the two center pages for control information.

Important Words of Wisdom

ALL insecticides are poisonous in varying degrees to humans and their pets. Many commercial products do legally carry the phrase, "Harmless to humans and pets." This means that the contents are not violently poisonous to man and animal. But the chemicals used in these instances are far from being suitable as food, and should be kept away from food storage areas. Common sense would dictate that foods and chemicals for killing rats, mice and insects should not be kept together.

Cleanliness is the first and most important answer to household pest control. We must remember that a mouse, rat or bug is not in our home to annoy us. He is there to seek food or shelter. If he finds none, he will leave. Of course, the word "food" as we have used it means more than human or pet food. In some cases it means paper, wood, cloth, mucilage, fur, hair, lint and other things we do not regard as very tasty. Cleanliness is not the only answer . . . it is the first.

Methods of application for the various recommended insecti-

METHODS OF APPLICATION

Space spray — under pressure in a "bomb" or for use in spray gun. For spraying an air space such as a room. Quickly kills flying insects. Little residual action.

Residual spray — for use on walls and other surfaces. Leaves a film and seeps into cracks to leave a poisonous chemical which kills on contact. Effect lasts for days or weeks.

Powder or dust — for spreading or blowing into hiding places and cracks to kill on contact.

cides are given elsewhere in this issue. Common sense, however, must be used. Conditions vary greatly from home to home. Certain techniques are practical in a home containing only adults that would be unsafe in a home containing crawling children. The safety of animal pets is given far more importance in some homes than in others. These things must be considered in using our information on application of insecticides.

If you use a powder or liquid, wash your hands thoroughly after doing the job. If you use a spray or dust you must remember that the poison is being mixed with the air you are breathing. If you are spraying a cupboard or closet, try to keep your head out in the room. Otherwise, breathe as little as possible of the spray, work in short periods and breathe fresh air between working intervals. If space spraying a room, wear a mask or cloth over the nose and mouth and start in the far corner and work toward the door. Come out and close the door behind you. Air the room thoroughly before putting it back in ordinary use.

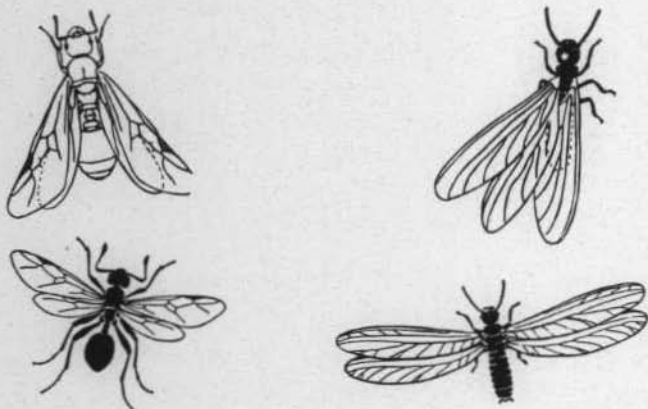
Remember that many spray materials are combustible. They should not be used in a room where there is fire or flame—and remember, no smoking. Some sprays can stain walls and furniture and harm pets. Choose your spray accordingly.

Finally, it is wise for the householder to realize that there are limitations to the control measures he or she can take without help. A family auto will not carry a commercial load of freight—and home methods will not prevail against a serious infestation of household pests. If the problem is really serious, don't take chances of ruining your own health or that of others by attempting too big a job of control with amateur equipment and knowledge. Call in a licensed pest control operator.

ANTS

Ants of several species invade our homes. Most species live in underground nests, though a few do live and breed indoors.

In any case the problem is to eliminate all sources of food and reach the nest with a poison that will wipe out the colony. Merely



ANTS AND TERMITES

Note the pinched waist of the ant (left) as compared with the thick-waist of the termite. The termite's wings are nearly all the same length while the ant's two rear wings are shorter than the front wings.

killing the few foragers visible at any given time has little effect.

Ants, like most crawling insects, depend on cracks and crevices for protection and for roadways to their nests. Ants are divided into four groups in their preference for foods. We have the carbohydrate or sweet-eating ants, the protein eaters, the fat eaters and the common feeders which will eat anything.

Only rarely is it possible to follow a line of ants from indoors to an outside nest. Control—wiping out the nest—depends on getting the ants to

carry the poison to the nest with them. This can be done in two ways. A stomach poison can be mixed with an attractive bait. The ants will carry this food back and poison the entire colony. Such poisons, though effective, are dangerous, and must not be used where there are small children or pets. Poison dusts may be blown into cracks around baseboards and other places where ants make their trails. These dusts will be carried back to the nest and slowly eliminate its population.

Do not confuse ants, even though they fly when swarming, with termites for control meas-

ures are quite different. The ant has a very narrow waist, bent or "elbowed" feelers, and at times, two long and two short wings. The termite has a much thicker waist, straight feelers, and the swarmers have four

wings of equal length. Neither ants nor termites carry disease, but the former contaminates food, and the latter damages our dwellings. (See Termites)

CONTROLS — (See center pages)—1, 2, 4, 5, 17, 19, 20.

BEDBUGS

Bedbugs are among man's most annoying pests, and are possibly the least "socially acceptable" of all bugs, as to most people they indicate a very low degree of personal and household cleanliness. Living on blood alone, they must remain close to man or animal for survival. They have been suspected of carrying disease, but this has not been confirmed.

The bedbug is a flat, oval, dark brown insect a little less than a quarter of an inch long. It is much larger and bright red in color just after feeding. This is done in three to five minutes by inserting the beak into the skin of the victim, usually at night. This may cause an itching sensation. A little blood is occasionally spilled at the point of the puncture and may stain the bed sheets.

An infestation of bedbugs be-



BEDBUG

gins when the insect is carried in a mattress, bedding or clothing. The bugs will then often infest the rest of the room. They feed and breed the year around, hiding in cracks and other dark places during the day. A bedbug gives off an unpleasant odor something like a musty old attic.

CONTROLS—3, 6, 9, 14.

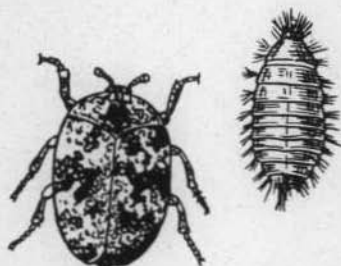
FOLLOW THE LABEL INSTRUCTIONS

Carpet Beetles

Carpet beetles do great damage to fabrics, furnishings and clothing containing wool, hair, bristles, silk, fur, feathers or other animal products. They will infest any area where such products or lint can be found.

The adults, which do no harm except to produce the next generation, are hard-shelled oval beetles, one-eighth to one-fourth of an inch long, and varying from black to mottled shades of white, red, yellow or black. The larvae, or immature insects which do the damage, are active, brown or golden worms with bristles on their backs and a tuft of hair at the end of the body. They shun light, while

the adults are attracted to it.



CARPET BEETLE

The adults will fly when disturbed.

The small, white eggs are laid on or near the food supply, or in cracks in floors and walls. Stored fabrics are often infested and should be cleaned and sunned regularly.

CONTROLS—1, 3, 4, 5.

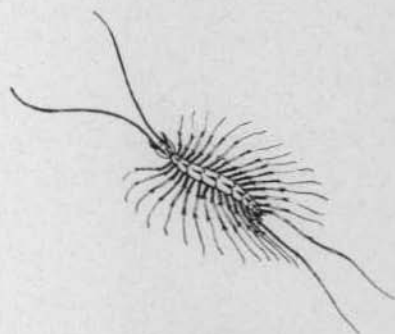
CENTIPEDES

The centipede, or "hundred-legger," is a fast-moving, flattened worm with a pair of legs to each body segment. It may grow from one to three inches in length and can inflict a painful

bite. If a large centipede should bite a child, a physician should be consulted. In case of any bite, the wound should be cleansed and an antiseptic solution applied.

**INSECTICIDES ARE POISON.
THEY ARE MEANT TO KILL**

The millipede, which has two pair of legs to each body seg-



CENTIPEDE

ment, is capable of exuding, or sometimes squirting, a blistering liquid and handling should be avoided.

Both types may invade the home, and when that happens, naturally they should be destroyed. These insects normally live outdoors where they feed voraciously on other insects. They are considered by many people to be the gardener's friend.

CONTROLS—1, 3, 5.

CEREAL OR STORED FOOD PESTS

There are many varieties of tiny pests, (often called "weevils") that may be found in stored food, especially after it has been around for awhile. The most careful housewife will occasionally have this trouble. She is not to blame, nor are the grocer or manufacturer. These almost invisible insects have a way of finding what they want, particularly grain products, and boring right through the best packaging materials to establish their homes in food. If left undisturbed, they will raise large, well-fed families. When full grown, they are tiny black dots the size of a pencil-point mark.

Prevention is of course the best protection. Even these ingenious bugs cannot get through glass, plastic or metal containers if they are tightly sealed. Spillage of any sort of flour or grain products should be cleaned up. It is a good idea not to buy too much of such foods at one time.

Until a few years ago the housewife was forced to accept the nuisance of weevil infestation as a normal part of living. Now the millers have put to work ingenious electronic and other devices that foil these pests. Flour and grain products rarely contain weevil eggs when they leave the mill today. Good

packaging just about eliminates infestation on the grocer's shelves and good housekeeping can nearly always prevent infestation at home. Don't keep food too long. Throw out any

that becomes infected. Don't attempt to sift out the insects for the food will still be full of insect eggs which you cannot see.

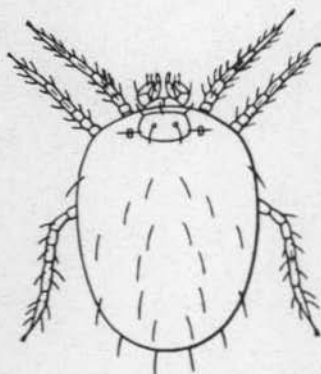
CONTROLS—3, 5, 14.

CHIGGERS

Chiggers—redbugs—are the almost invisible immature stage of a mite. They are found in homes only when carried there by the painfully itching victim who has contacted them in a wooded area. They are not household pests but members of the household who have had contact with them will agree that they are a pest.

The chigger attaches itself to its human host with a hooked mouthpiece and sucks blood. It does not burrow into the skin but the aftereffects of its tiny bite are tormenting. It usually attacks in numbers. A light

wash down with kerosene and a brisk bath with soap and hot



CHIGGER

water will usually remove the insects. There are numerous

Repellents — pleasantly scented aerosol sprays and other products used on the skin to keep many insects away — are recommended for use outdoors. There are several brands on the market which are quite effective. These should not be confused with space sprays or quick-kill sprays, which should not be sprayed on the skin. Nor should the repellents be sprayed on painted, varnished or lacquered surfaces or plastics as they will damage such surfaces.

products sold in drugstores which will help alleviate the itching.

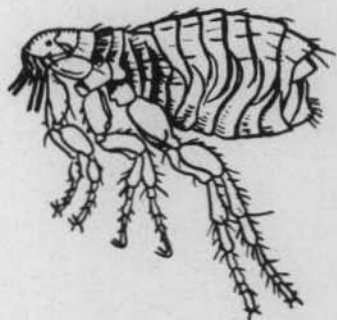
Chiggers are found in underbrush and overgrown areas. These should be cleared and mowed, whenever possible. However, if work or recreation takes you into wooded areas, a good repellent should be applied or sulphur powder may be sprinkled

liberally in shoes and socks and around cuffs of shirts and trousers. Commercial repellents help some in keeping the insects away, too. Wet salt, ammonia, wet baking soda or kerosene mixed with cold cream have all been used with some success to relieve the stings.

CONTROLS—(outdoors) 1, 4, 5, 17, 20, 28.

FLEAS

Fleas are small, dark reddish-brown, wingless, blood-sucking insects. They are flattened vertically, so that they may move with ease among the hairs of the



FLEA

host's body. Their legs are long, and adapted to jumping. They have short hairs directed to the rear, thus resembling tiny porcupines. Fleas should not be confused with lice (See Lice).

The insect is a carrier of disease if it has had contact with infected animals. The rat flea can carry typhus fever, now rarely found in Florida.

Fleas are associated with pets, and usually breed and live in the pet's area of the home. They will jump—literally—to man for a blood meal if the pet is absent. Thus fleas may easily be transmitted to all parts of the home.

Control measures must, of course, be directed first at the elimination of fleas from the pet, the pet's area and then the house and its human residents. A vacuum sweeper may be used to pick up flea eggs and larvae.

Sand fleas are an outdoor variety with similar habits.

CONTROLS—(indoors) 1, 2, 5, 7; (outdoors) 1, 2, 5, 7, 19, 21.

often found on or in the ground. Hornets and yellow jackets make egg-shaped homes of a paper-like substance in trees, shrubbery and stump holes.

In very rare instances death has been caused by the sting of one of these nuisance insects, either because of the extreme sensitivity of the victim to the poison, or because tetanus bacteria were introduced by the stinger. Any one of these insects can inflict a painful sting.

The honeybee's usefulness is well known. If a swarm of honey-



HORNET

(Continued on Page 208)

Insect Control

If for some reason an infestation of one or more of the insect or rodent pests listed in this booklet has occurred, a chemical pesticide may be called for. Before using a chemical product, the area of infestation should be cleaned thoroughly to remove insects, eggs, pupal and larval stages, and the food supply on which the insects have been feeding.

The pesticide should then be carefully selected. Care must be used in selecting the killer chemical, the base carrier in which it is mixed, and the proper form of application for the job—spray, liquid, dust, bait, etc. A dusting powder would not be selected for the living room nor would one use an aerosol for a heavy infestation of roaches in a garage. The proper concentration of killer chemical must also be considered. Too much may be dangerous, too little ineffective.

On the next two pages you will find listed by number the various chemicals recommended by the Florida State Board of Health's Bureau of Entomology. These chemicals are listed on the back or side panels of the pesticides you find for sale in markets, hardware and garden supply stores. Read the page devoted to the insect pest which is causing you trouble, then note the numbers of the controls recommended. Memorize or write down the names of the chemicals opposite those numbers below. Then purchase a pesticide containing the recommended chemicals. Use it according to directions. Observe all the cautions given on the label. You will thus help avoid danger or disappointment.

INSECT

RESIDUAL SPRAYS

- 1 Chlordane — not over 3%
- 2 Diazinon — not over $\frac{1}{2}\%$
- 3 DDT—not over 6%
- 4 Dieldrin — not over $\frac{1}{2}\%$
- 5 Lindane — not over $\frac{1}{2}\%$
- 6 Lindane — not over $\frac{1}{10}\%$
- 7 Malathion — not over 2%
- 8 Malathion — not over 5%
- 9 Malathion — not over 1%

- 10 Sevin—not over 2%
- 11 Silica Gel—undiluted

SPACE SPRAYS AND AEROSOLS

- 12 Allethrin — not over $\frac{6}{10}\%$
- 13 DDVP—not over $\frac{1}{2}\%$
- 14 Lethane — not over $\frac{3}{2}\%$
- 15 Pyrethrins—not over $\frac{6}{10}\%$

DUSTS

- 17 Chlordane — not over 6%
- 18 DDT—not over 10%
- 19 Diazinon—not over 2%
- 20 Dieldrin—not over 1%

READY

For quick reference to the proper control for the insects and rodents discussed in this booklet, the list below shows the mai

Ants 1, 2, 4, 5, 17, 19, 20.
 Bedbugs 3, 6, 9, 14.
 Carpet beetles 1, 3, 4, 5.
 Centipedes 1, 3, 5.
 Cereal pests 3, 5, 14.
 Chiggers (outdoors) 1, 4, 5, 17, 20, 28.

Fleas—indoors: 1, 2, 5, 7;
 outdoors: 1, 2, 5, 7, 19, 21.
 Flies 2, 7, 12, 13, 14, 15, 19, 21, 26.
 Hornets, etc. 1, 3, 4, 15, 17, 18, 20.
 Lice 18, 21.

CONTROL

21 Malathion — not over 5%

22 Rotenone

FUMIGATING ACTION

(balls, flakes, cakes, crystals, etc.)

23 Naphthalene

24 Paradichlorobenzene

BAITS

25 Roach tablets—boric acid

26 Old fashioned sticky fly paper and ribbons

27 Anticoagulant rodenticide—diphacinone, fumarin, pival, PMP, or warfarin commercially prepared under various brand names

REPELLENTS

28 Diethyl toluamide, dimethyl phthalate, and/or benzyl benzoate in spray, liquid, dust or lotion under various brand names

29 Soil Poisons: Aldrin 1/2%, BHC (gamma isomer) 8/10%, chlordane 1%, dieldrin 1/2%, heptachlor 1/2%, or lindane 8/10% in water emulsion or oil solution. Use a gallon to 2 1/2 feet of trench.

REFERENCE

or killer ingredient which should be in the formula of the product you buy. Numbers refer to the list above.

Mosquitoes 3, 4, 5, 7, 12, 13, 14, 15.

Moths 1, 3, 4, 6, 12, 14, 15, 23, 24.

Powder - Post beetles 1, 3, 5.

Rats and mice 27.

Roaches (German) 2, 7, 10, 11, 12, 13, 15, 25; (others) 1, 2, 3, 7, 11, 12, 13, 15, 18, 19, 20, 21.

Silverfish 1, 2, 3, 7, 12, 14.

Spiders 1, 3, 4, 5, 12, 15.

Termites 29.

Ticks 1, 2, 4, 5, 7, 10.

bees occurs, or a colony is found, it is much better to call for expert help to have them removed than try to kill them. The expert (a bee raiser or someone from the county agricultural agent's office), can probably capture the bees and remove the trouble, at the same time preserving the colony of bees for practical use. If the bees are killed, the poison-contaminated honey remaining will probably attract much less desirable vermin, causing a more distress-

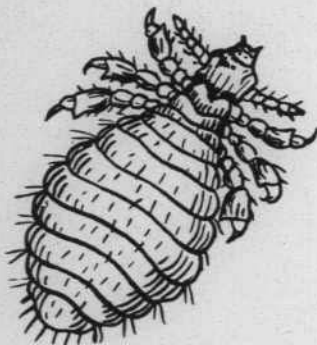
ing situation than existed previously.

If hornets, wasps, yellow jackets or mud daubers present a problem, they can be eliminated by chemical means. The daubers' unsightly nests may be knocked down with a long pole and destroyed. Care should be taken in dealing with hornets, as they seem to be able to identify their tormenter and sometimes attack him.

CONTROLS—1, 3, 4, 15, 17, 18, 20.

LICE

Lice are flat, wingless insects, ranging in color from whitish to blue-gray, about one-eighth of an inch long. They should not



LOUSE

be confused with fleas (See Fleas). They are readily transferred from one person to another by contact of body, cloth-

ing, bedding, etc. The louse is a blood-sucking insect which transmits disease (epidemic typhus, no longer seen in this country). It also causes a tiny itching sore, which if scratched, opens up the possibility of other diseases entering the blood stream.

The elimination of lice is a matter of personal hygiene. The insects infest the hairy parts of the body and lay their eggs there and in the clothing while it is being worn. Clothing should be washed or dry cleaned and left unworn for two or three weeks, allowing the unkilld eggs to hatch and the larvae to starve. The suggested control is a 10 per cent DDT powder which

should be dusted liberally into the body hair and clothing with repetition in about a week.

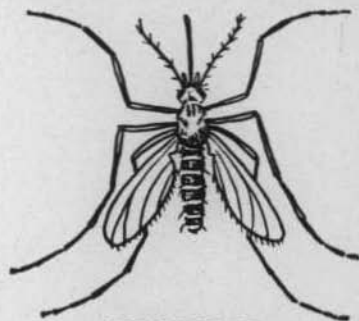
Bird and rat lice (and mites)

sometimes enter homes. In these cases, the bird or rat nests must be eliminated.

CONTROLS—18, 21.

MOSQUITOES

Mosquitoes are by far Florida's most notorious insect and there are 67 species—the same number as our counties. The state spends millions of dollars each year for their control. Because some species transmit encephalitis, yellow fever, malaria and dengue fever, they are prob-



MOSQUITO

ably the most dangerous insects in the world. Although the three latter diseases have disappeared from the state, encephalitis is a continuing problem.

Mosquitoes, for our purpose, can be divided into two groups: the domestic which breeds in water in receptacles and those species which breed in ground water. Though any type may occasionally enter the home, the domestic, or common backyard

mosquito, is the one which bothers us inside the home. These mosquitoes breed around our premises in containers we provide for them. Any container which holds stagnant water for a week or so is a possible—in fact, probable—mosquito breeder. This includes the obvious old tin cans, old tires and other junk, and includes bird baths, garden ponds and even tree crotches, air plants and puddles on the ground. Eliminate these, and you will have gone a long way toward eliminating domestic mosquitoes.

But since you can control only your own yard, you still have the problem of mosquitoes from elsewhere. Remember that mosquitoes rest in shrubbery, garages, carports, sheds, etc., during the daytime. It is then and in these places that you can best control them with the application of a residual insecticide spray. Remember, also, that mosquitoes of any species depend on standing water to complete their life cycle.

CONTROLS—3, 4, 5, 7, 12, 13, 14, 15.

MOTHS

Moths do a third of a billion dollars worth of damage to clothes and furnishings each year in the United States. They are active in Florida the year around. Their larvae feed only on animal products, and control involves primarily good house-keeping, with chemicals lending a helping hand.

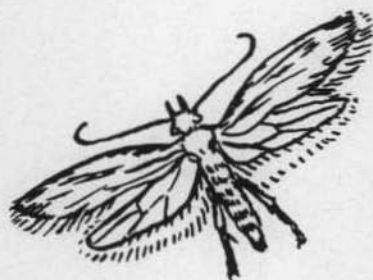
There are two general misconceptions about moths. One—they are not attracted to light as are the night flying "millers." They prefer darkness. Two—the flying moth is not harmless. It is true that the larvae do the damage but the flying adult is the source of the next generation of larvae.

A basic thing to remember is that sunlight is the deadly enemy of the cloth-damaging moth and its larvae. A few hours of hot sunlight will kill these insects, even if hidden in pockets and seams. Of course, the garment needs a thorough brushing after sunning.

The best control is prevention. Keeping moth damage from occurring is far better than throwing away moth-riddled garments

and killing the moths. Moth infestation does not begin with a new or newly-cleaned garment hung in a closet. It begins in old or soiled woolen garments or other articles containing animal fibers which are neglected in a dark storage area. It also begins in lint which accumulates in a closet.

Prevention of moth infestation, therefore, involves the



CLOTHES MOTH

thorough cleaning of closets, chests and trunks, and of the clothes and blankets stored there. After the dry cleaning, washing, sunning and brushing of clothing are done, the garments may be restored.

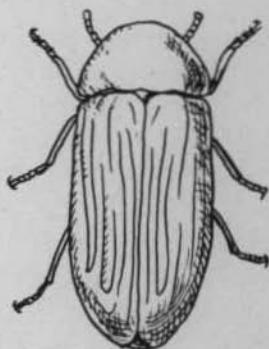
CONTROLS—1, 3, 4, 6, 12, 14, 15, 23, 24.

Powder-Post Beetles

These tiny insects in an immature stage burrow into the surface of unfinished wood, where they make many damaging tunnels, then change into adults and bore their way out, leaving tiny round holes about one-sixteenth of an inch in diameter. The adults lay eggs on the surface; the eggs hatch; and the process is repeated. The beetles will attack any lumber that is not painted or finished in some way, including furniture. Their tell-tale sign, in addition to the holes, is the fine

powdery dust which accumulates where they are active.

CONTROLS—1, 3, 5.



POWDER-POST BEETLE

RATS AND MICE

We do not have enough space to say all we could about these unpleasant, clever, disease-carrying, hardy, destructive, intelligent little beasts. Their presence presents such danger to human health—not to mention property—that they must be gotten rid of no matter what the effort or expense.

There are several species, but we will not dwell on the descrip-

tion of them, for they are all equally dangerous and unwelcome. Some prefer to burrow; others like to live in attics and tree tops. Some have meat for their favorite dish; others prefer fruit or cereals. None—this may surprise you—prefer cheese above other foods. Both rats and mice are attracted to poor housekeeping, both indoors and out. Garbage, junk, refuse

and thick underbrush provide homes and food for rats and mice.

Rats and mice are rodents. That means they are gnawers—they can use their teeth to get through almost anything except fairly heavy metal. (Some exaggerators will tell you a rat can gnaw through sheet metal. This is not so. But they can enlarge a hole already existing in such metal which has been weakened by rust.)

Another thing to remember is that rats and mice are intelligent mammals, with brains far superior to those of other pests. They seem to realize that they have no friends in all the world, and that they must at all times be protected from the sight of

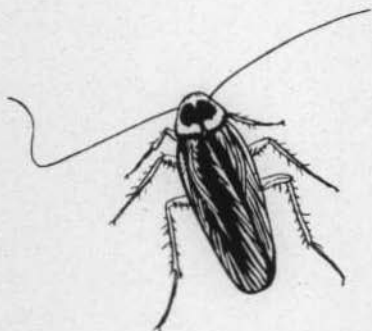
man and other large animals (dogs or cats), or at least be close to a retreat route. For this reason the control of rats and mice depends to a great extent on the elimination of hiding places. The hiding places which cannot be eliminated should be made unsuitable for their habitation.

Move stored trunks and chests out from the walls of attics. Get rid of piles of loose materials like paper, clothing and old rugs. Make corners and narrow spaces open and non-protective. And above all, remove all sources of food and water. Then—and only then—begin a campaign of chemical warfare against mice and rats.

CONTROL—27.

ROACHES

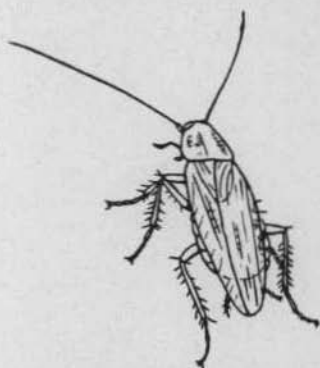
Roaches, to the average householder, are the most disgusting of insect pests with which Floridians have to deal. They are no respecters of class—the finest homes must be guarded against them—but the best housekeeper has the least trouble with them. They live on filth and may carry disease. Because of their relatively large size they are capable of doing just that much more damage to food and



AMERICAN COCKROACH

furnishings. Their size, speed and appetite cause them to migrate over considerable distance from building to building. And Florida's warm climate keeps them active the year around.

Roaches vary in size from one-half to over two inches in length, and in color from light brown to almost black—the German and American species, respectively. Some have wings which are almost invisible when folded over the back. All shun light, for-



GERMAN COCKROACH

age at night, and when alarmed can scurry to safety with amazing speed. All species do tremendous damage to food and

furnishings. They eat any sort of food or filth, paper, leather, mucilage, starch—almost any product of nature. They have a foul odor which cannot be mistaken for anything else.

One entomologist facetiously remarked that a roach will eat or damage anything except metal or plastic, but it will eat holes in synthetic clothing with food stains or beer stains. This grim joke nevertheless gives us a clue to protection of foods from the insects.

The home that does not see an ant or moth from one year's end to the next will occasionally be bothered by roaches. They come in on clothing and packages, or even fly in when the door is opened or crawl under at night. It is recommended that the residual spray or dust methods listed among the controls be used as preventives, even though the home may be apparently free of roaches at the moment.

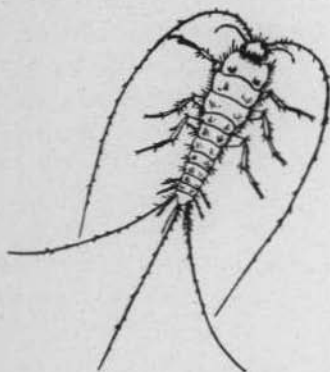
CONTROLS—(German) 2, 7, 10, 11, 12, 13, 14, 25; (others) 1, 2, 3, 7, 11, 12, 13, 15, 18, 19, 20, 21.

SILVERFISH

These are fast-moving, carrot-shaped little insects about three-fourths of an inch long. They look like little silver fish. They

have antennae or feelers on their heads and triple tails. They hide in cracks in the daytime and feed at night on starch. This

means they will damage starched fabrics and anything put together with mucilage, straw



SILVERFISH

matting, paper, wallpaper, book-bindings and package labels. They do not bite man or animals—nor carry disease.

They are hardy insects and may live for many months on very little food. On the other hand, they lay relatively few eggs and do not increase rapidly. They do not live on "filth" and clean housekeeping is not an insurance against them. However, they can be controlled with residual sprays.

CONTROLS—1, 2, 3, 7, 12, 14.

Spiders and Scorpions

One's attitude toward **spiders** is somewhat a matter of choice. One housewife may declare war and destroy all spiders as deadly enemies, while her neighbor may admire the silken web, give the spider a name, and allow it the run of the house as a valuable ally against less-welcome bugs.

It is true that the types of spiders commonly found in homes in Florida are harmless, make no "mess" except a web, and destroy countless other insects. The black widow spider can inflict a dangerous venomous bite. Although painful it is not fatal. If a person is bitten, a

physician should be called immediately. The black widow spider is rarely found in homes but if discovered on the premises it should be destroyed. It is jet



BLACK WIDOW SPIDER

black, about a half-inch long, with longer legs than common spiders, and has a red hourglass figure on its abdomen.

Florida scorpions are not dangerous. Their sting is very painful but it has not been known to cause death. The scorpion resembles a crab and is often as long as a large roach. It has a fleshy curved tail which contains the stinger. In case of a scorpion sting, an ice pack or ice water will help relieve pain and swelling.

If a scorpion is found in the house, it is a visitor from out-

side. It is probably the only scorpion within the home area and should be treated as an individual. It can be killed by crushing with any heavy object. It will not jump on you, nor squirt poison.

Scorpions sometimes are attracted to the area under an outdoor light where moths and "millers" have fallen after being scorched by the light bulb. They eat enormous numbers of insects and may be left alone if found far enough from the home to present no danger to humans.

CONTROLS—1, 3, 4, 5, 12, 15.

TERMITES

We cannot in good conscience recommend that the average householder, lacking equipment and experience, attempt to handle a job of eliminating termites and protecting his property against future infestations. Pest control is a big industry, and its operators are licensed by the state. Hundreds of dollars worth of damage can be done by termites and the job of fighting them is too big for the ordinary householder.

There are two significant

types of termites in Florida—the subterranean and the drywood species. The subterranean, the most common, lives in the soil where it finds the dampness necessary for its existence. The drywood type lives in the wood itself, and never has contact with the soil. Both types feed on the common lumbers used in building construction.

It is highly improbable that you will ever see termites except when they are swarming. At this time they fly, mate, lose

their wings and seek new homes. They should not be confused with flying ants.

There is **NO** wooden structure that is completely safe from termites. Contrary to the belief of some people and the claims of some builders, metal termite shields and treated wood used in the lower parts of construction do not completely protect a building from termite attack. Nor does careful pretreatment of the soil around and under the building guarantee protection from subterranean termite damage for more than a few years. Therefore, **ANY** building a few months old may suffer a termite attack. Inspection and retreatment with chemicals is the only control in this case.

Subterranean termites travel from the soil to the wooden food supply through tubes made of mud and sand held together by an adhesive liquid which the termites excrete from their bodies. These tubes, about as thick as a pencil, can often be seen if they have run up a foundation wall or post to the wood. If, however, a wooden portion of the house touches the ground, the termites may use the interior of this wood for their passage upwards.

In any case, serious termite damage may be discovered by noticing a weakness or unsoundness of the structural parts of the building. (Nails drive in too easily; siding falls off; shingles pull loose; a portion of the building sags.) By the time these evidences are noted, the damage has been done. It is recommended that an expert be called to inspect the building long before things get that bad. Most reputable termite control operators make such inspections without charge.

If, however, the householder prefers to tackle the problem himself, he must know that the way to eliminate subterranean termites is to cut off access to the building. The food foragers up in the timbers will die if they have no way to return home. Termites may be controlled by removal of all possible contacts between soil and wood and by saturation of the soil around and inside the foundation, porches, posts, pillars, etc., with chemicals. A trench, six by six inches, should be dug along all sides of foundations and other supports, and chemicals poured into the trench.

CONTROL—29.

TICKS

So far as the average householder is concerned, ticks are associated with dogs. Houses have been known to become so in-



DOG TICK

festated with brown dog ticks that the occupants had to move out. Such instances are rare. But in any case, the trouble starts with a dog whose infestation goes unnoticed or uncared for.

Ticks can be found usually around the dog's ears and toes. They vary in size and color, but can be identified as small bulbs

or ballons attached to the dog's skin (On rare occasions this can happen to cats or humans). These must be removed with a slow pull and destroyed.

But that is just the beginning of the process. It must be assumed that the pet's sleeping area, indoors or out, is infested. It must be assumed for the sake of caution that an infestation has begun in the house if the animal has been there, for ticks drop off the animal after their blood meal and begin laying eggs. A vacuum cleaner should be used for thorough removal of the ticks, eggs and immature insects.

Ticks are tough, stubborn insects and very prolific, but they can be destroyed with patience and hard work.

CONTROLS—1, 2, 4, 5, 7, 10.

PARATHION — A DEADLY POISON

Parathion has killed several dozen people in Florida. It is an extremely deadly poison to man, animals—and insects. Its sale and use are not prohibited by Florida law but unless you are a professional operator with proper protection equipment **do not purchase, or use,** or permit anyone else to use parathion in or around your home. One drop on the skin can kill a child. A few drops can kill the strongest man.

OTHER INSECTS

There are hundreds of other insects in Florida. Any of them might get into the house on rare occasions. In many instances they are completely out of their environment and have no intention of making their home with you. A good swat or a quick spray with one of the quick-kill aerosols will usually take care of the situation.

But if the same kind of insect is noticed several times, or if the control measures suggested in this booklet do not seem to be effective, there are three things you can do.

You can contact your County Health Department and ask if there is someone on their staff who can help you with your problem. Or you can write to the Florida State Board of Health, Bureau of Entomology, Box 210, Jacksonville, Florida, 32201, and describe your trouble. You might even enclose one of the dead insects in your letter. The Bureau will do everything it can do to help you, and it will send you additional information.

The other alternative, (and often it will be the best one) is to call in a licensed, qualified pest control operator. He knows insect pests and how to deal with them. He knows poisons and how to use them safely. It is quite possible that a call for such help would pay its own cost in preventing damage to your home or its contents and also give you peace of mind. We strongly urge that this be done in case of termites. The householder who is qualified and equipped to manage his own termite problem is rare indeed.

Additional information on the insects discussed in this issue of **Health Notes**, or on the many insects not listed here, may be obtained by writing to:

Bureau of Entomology
Florida State Board of Health
Box 210
Jacksonville, Florida 32201

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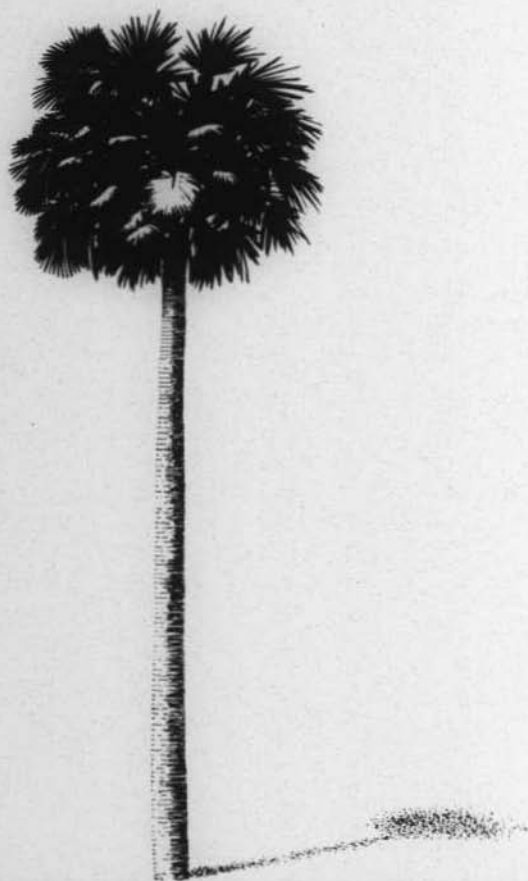
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FLORIDA HEALTH NOTES

VOLUME 55 — NO. 10

DECEMBER

1963

Food Poisoning



FLORIDA HEALTH NOTES

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Food Poisoning



This is one of Florida's typical wayside parks. When planning a picnic be sure to arrange adequate refrigeration for your foods.

FOOD POISONING

FOOD poisoning—it rarely kills but sometimes you wish you were dead before the attack is over. It is a threat that hangs over every restaurateur; the bane of the traveling public; and its possibility is a nightmare to school lunchroom operators. It also can threaten you through food prepared in your own home.

LET'S TALK ABOUT IT

Have you ever felt ill within a few hours after enjoying a picnic, church supper or meal in a restaurant?

There are many things that could have made you sick but chances are you might have had a mild case of "food poisoning." While food poisoning is not a major problem in Florida's health picture, it exists and can—and does—hit anyone anywhere in the world. Few people die from food poisoning, but each year hundreds of persons become quite ill and many thousands more have minor clashes with food-borne diseases.

This issue of *Health Notes* is devoted to the four major organisms that cause food poisoning—*Salmonella*, *Shigella*, *Staphylo-*

FLORIDA HEALTH NOTES

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coccus and *Botulism*. This is of special interest to the State Board of Health and the 67 County Health Departments because Florida's temperate climate has a direct bearing on food preservation, food handling and outbreaks of food poisoning.

The first two germs, *Salmonella* and *Shigella*, cause "food infections" because the germs themselves multiply and bring about the illness. The second two germs, *Staphylococcus* and *Botulism*, give off a waste by-product called a toxin as they grow and multiply. This toxin causes "food intoxication" in humans.

Numerous other causes, besides germs, are blamed for food-borne illnesses. Chemicals (such as from acid liquids placed in zinc containers and poisoning from insect sprays) and toxic poisons from plants and animals (like mushrooms and mussels) are also blamed for food poisonings. However, these causes are relatively rare. Keep your eye on the first four and read some tales concerning them.

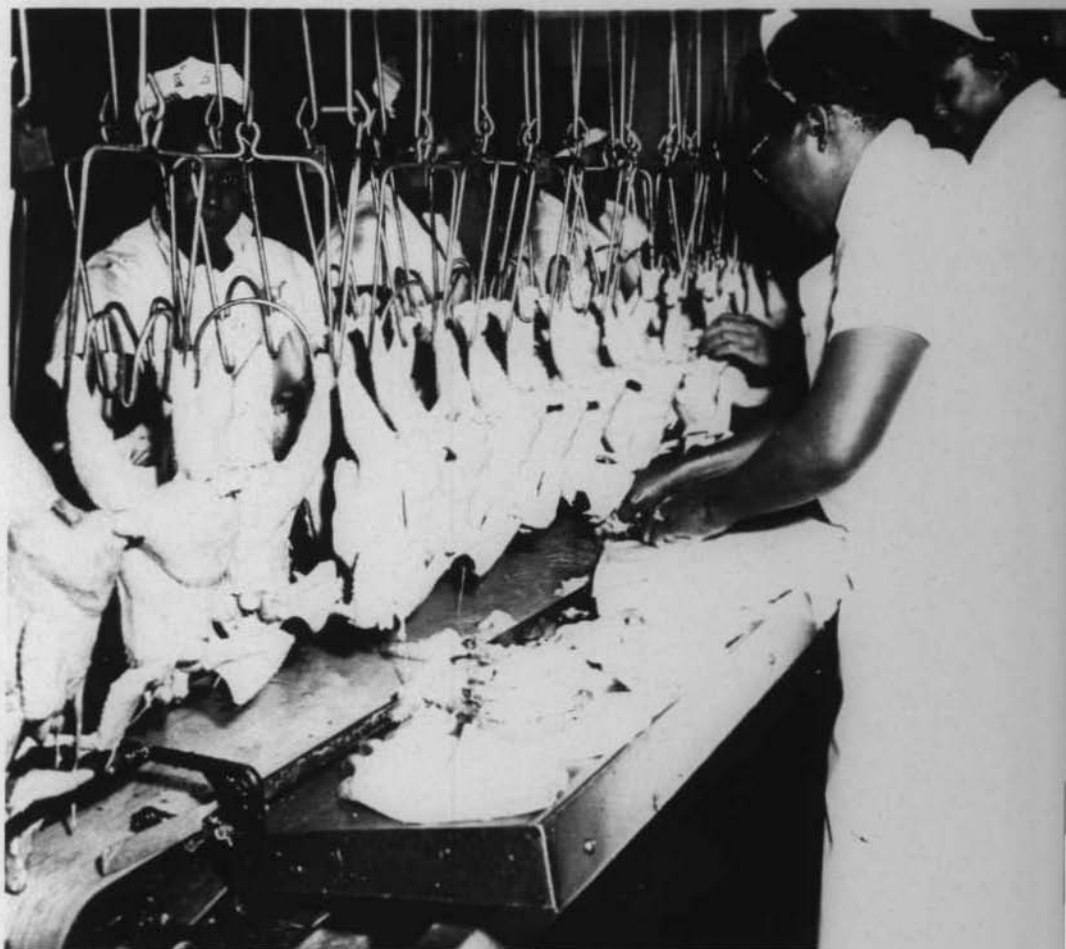
SALMONELLA

The Case of the Turkey Croquettes

A County Health Department (CHD) was notified one day by an office manager that five of his clerical employees had become ill after eating lunch in a cafeteria the day before. Mr. N, a CHD sanitarian, immediately began an intensive investigation and eventually found 41 persons who had become ill after eating in this same cafeteria. They had been stricken anywhere from 30 minutes to 24 hours after eating at the cafeteria, with an average being about nine hours.

The symptoms were similar in all cases. All of the 41 persons had sudden nausea with extreme weakness or prostration, high fever, diarrhea and general aches and pains in the joints. Twelve persons were admitted to the hospital. Fortunately, all of those who became ill recovered.

Mr. N found that every reported sick person had eaten turkey



Chickens are one source of Salmonella food infection. Constant care is taken in preparing birds for market, but they should always be cooked thoroughly.

croquettes. No one who did not eat the turkey croquettes was reported as being ill. Those who ate all of the two croquettes which made up a serving were sicker than those who ate only part of their serving.

What happened?

The story went like this:



Handwashing, both for the food handler and customer, is an important step against food contamination.



Roast turkey had been served in the cafeteria on Sunday. What was left (including some of the "deeper" meat), was ground up on Monday night. *Poor procedure*: The meat should be ground just prior to mixing, shaping and cooking with no time lag between the preparation and cooking.

Next, the equipment—grinders, slicers, shelves, cabinets and steamers—were not cleaned after being used but left for the next person to clean before using. *Poor procedure*: All equipment should be cleaned thoroughly immediately after each use and not left dirty with food particles to harbor germs.

The entire kitchen facilities had not been cleaned after the noon meal and there had been a general buildup of dust, dirt, grease and food particles. *Poor procedure*: The entire kitchen should be cleaned thoroughly immediately after each meal. Two cleanup periods were recommended in the case of the cafeteria, one immediately after the serving of the noon meal and one after the evening meal.

The cause of the outbreak was *Salmonella*. At least one of the turkeys that was used must have been infected with this germ. The roasting did not kill all of the organisms in the "deeper" meat.

There is nothing like sharing your illness as well as your food. In the outbreak of cafeteria food poisoning, the management reported that 40 servings of turkey croquettes were sold but 41 customers became ill. An investigation turned up the fact that one husband bought a serving of croquettes and shared them with his wife. They both got sick.

These multiplied when the turkey meat was not refrigerated. Large numbers must have survived in the central portion of the croquettes. These caused the epidemic.

What is this *Salmonella* germ that made so many people ill? It is the name of a germ (subdivision of bacteria) which is applied to a group of organisms formerly called "paratyphoid bacteria." More than 100 strains of *Salmonella* bacteria have been isolated, including the one that causes typhoid fever.

Found in Nature

THIS germ is widely distributed in nature. Poultry (commonly turkey and chicken) hogs, domestic pets (especially dogs) are often found to have this infection. Sometimes eggs, occasionally chicken meat and more frequently turkey or pork harbor the disease. What happens is that when meat is not cooked thoroughly or refrigerated properly, these germs can and do multiply so that when a person eats the meat they will often become sick.

Only an occasional person becomes ill enough to go to see a physician. Fewer are sick enough to go to the hospital, as witness the 12 of the 41 persons who ate these turkey croquettes. How ill a person becomes depends on how many germs he has eaten. If he has eaten a lot of germs, the onset of the "food poisoning" will be sooner and the illness more severe. Usually if the person is not ill by the end of 48 hours, he will have escaped the attack.

Two interesting facts about the "case of the turkey croquettes" were: Though the employees insisted that they had put the ground turkey into the refrigerator on Monday, there is reason to doubt this since the meat had to be at room temperature for some time for the *Salmonella* germs to have an opportunity to multiply.

Another is the fact that three of the employees also ate the turkey croquettes. Only one became ill. Why? It seems that only one of the employees ate his as it was served to the cafeteria's customers. The other two mashed the croquettes down, fried them in deep fat and ate them—thereby killing all of the germs.

If there is anything to be learned from the incident of this case of food poisoning, it is to always cook your food immediately after preparing it; cook all meat thoroughly; keep it under proper refrigeration at all times; and, clean up food particles from equipment and around the kitchen after each meal.

A good household rule is to reheat all cooked protein foods (dairy products and meats) to boiling if the food is kept for any length of time at room temperature.

If foods are not consumed immediately after being prepared,



Appetizing foods are served at schools throughout the state but there must be a constant watch against food poisoning.



they should be stored at temperatures below 40 degrees Fahrenheit because higher temperatures allow the germs to multiply. Hot foods should be kept at temperatures above 150 degrees Fahrenheit.

SHIGELLA

The Outbreak at the Elementary School

ARE there other villains in this drama of food poisoning? Indeed, yes! Let's set the scene for another story. (Incidentally, all of these stories, except where otherwise indicated, occurred in Florida.)

Another CHD was notified one day that there was a probable food poisoning outbreak at an elementary school. The school had 25 faculty members, six cafeteria and maintenance workers and an enrollment of 692 students. Most of the faculty members, all of the cafeteria and custodial workers and a third of the students usually ate in the cafeteria. On the particular day in question, the cafeteria staff served 213 child lunches and 14 adult lunches.

Beginning around midnight, students who attended the school began to fall ill with griping and colicky pains, nausea and chills, followed by vomiting, diarrhea, drowsiness and fever. Temperatures of many of the patients were high and sometimes accompanied by convulsions and coma in the more severe cases. By 6 p.m. of the second night more than one hundred children and adults had been treated at hospitals and 44 persons had been admitted as patients.

The next day, 164 students were reported ill and absent from school. The normal absentee rate was usually 40 students. Seventeen faculty members and five cafeteria and maintenance workers were also ill. As the epidemic continued more persons became ill.

Sanitarians from the CHD and the State Board of Health began an investigation of the cafeteria and its equipment. The meal which was implicated consisted of turkey salad, cold slaw, lima

Hints for Feeding a Large Crowd

* Don't undertake a large banquet, church supper, etc., unless you have adequate space to prepare, refrigerate and serve hot foods hot and cold foods cold.

* Be careful about preparing food in summertime—it is harder to keep. You cannot always tell when food is spoiled or contaminated by its odor, color or taste.

* Use shallow pans for storing foods in the refrigerator so that the cold will penetrate. Do not overload the refrigerator.

* Don't serve foods that are known to spoil easily. Some of the foods that need special attention are: chicken, turkey, mildly-cured ham, lunch meat, seafood, potato salad, other salad-type mixtures, and cream-filled baked goods, such as custard pies, cream puffs and eclairs.

* Don't let a lot of different people bring food to the gathering. You should be sure of its sanitary preparation and service. Accept no home-canned meats and vegetables.

* Milk, ice cream and other dairy products should be handled with special care. These foods must be refrigerated. Milk should be served in individualized cartons.

* Acid juices should never be kept in galvanized containers.

* All raw foods should be washed thoroughly to be sure they are free of harmful chemicals. No insect sprays should be used while food is being prepared or served.

* Don't prepare food too far in advance. You may save time—but you may spoil food. It is better to be safe than sorry.

* No one with sores on his hands, arms or face should handle food, dishes or silverware.

* Adequate dishwashing facilities should be provided. It takes hot water, soap and a sanitizing agent to do the job. Paper service should be used whenever possible.



1

FOODS for airlines are prepared under the best possible sanitary conditions. Salads, desserts and other cold foods are stored in refrigerators until they are placed in cold containers with dry ice and loaded aboard the planes. Hot foods are kept in portable heated ovens. Although sanitary conditions are maintained to prevent food poisoning among passengers, one major aim of airlines is to protect the health of the men who fly the planes. As a precaution against food poisoning, the pilot, co-pilot and flight engineer are served three different meals.

2

The pictures show: (1) the salads being prepared, (2) the storage refrigerator for desserts and dairy products, (3) the assembly line where trays are prepared, and (4) the placing of an individual tray into a stainless steel, constant temperature container.





3



4

beans, bread, cookies, butter, milk, ice cream and grapefruit sections.

The building was new and modern. The equipment in the kitchen was in good condition, and there were no problems regarding refrigeration or the dishwashing machine.



The commercial bakery, as well as the housewife, must take steps to prevent food poisoning, particularly where cream-filled pastries are concerned.

The sanitarians noted that there were numerous flies in the kitchen. The doors to the employees' restroom did not have a self-closing device so it was possible for persons with germs on their hands to transfer them to the doorknob (more about that later).

The cafeteria staff used two frozen turkeys in preparing the turkey salad. They were taken from the freezer and placed in a refrigerator where they remained over the weekend. (Other turkeys from the same lot were used in a number of other schools in the same county on the same day. These schools did not report

any illnesses.) On Monday the cafeteria staff cooked the turkeys until the meat was ready to fall from the bones. Then they were boned by hand. The next day, the meat was run through a food chopper, mixed and served at noon.

Germ Found in Humans

THE investigation pointed to the germ that caused the case of "food poisoning" at the elementary school as *Shigella*. This particular organism lives only in humans, not in animals.

The sanitarians found that one of the cafeteria workers had had two children who had recently been ill. When a stool specimen was examined, it was found that she was harboring the *Shigella* germs in her intestines. One of several things might have happened: She may have gone to the toilet, had a stool and not thoroughly washed her hands before returning to the kitchen. Or, her hands could have been soiled and she in turn soiled the water faucet or doorknob and someone who came after her to use the employees' restroom could have picked up the germs on their hands. All the cooks had used their hands in removing the turkey from the bones. *Shigella*, remember, lives in the human intestine and not in animals.

The worker was a "carrier" of the germ. Though the germs were present in large numbers in her intestines and in the fecal wastes, she had no symptoms of the illness that afflicted the large number of students, faculty members and cafeteria and maintenance workers. She would spread the *Shigella* germs rather than those who were ill. The latter would be at home sick, not working in a cafeteria.

Traced to its source, the germ is found in the fecal discharges of sick persons or carriers. It may then be transmitted to other individuals by contaminated water, food supplies or hand-to-mouth transfer of materials (such as pencils, eating utensils, etc.). Epidemics of *Shigella* infections frequently break out in institutions, prisons, military barracks and summer-resort areas—places where large groups of people congregate.

STAPHYLOCOCCUS

The Case of the Company Picnic

LET'S talk about another type of food poisoning. This story has to do with a picnic held in a north Florida county at which the major foods served consisted of ham, potato salad and cake.

A large company had taken over a lakeside camp for the weekend and had as guests about 150 of its employees. At 2:30 p.m. on Saturday, the picnic lunch was finished. An hour and a half later, the fun and festivities were interrupted when the first four or five persons were taken sick. By 4:15, 12 to 15 persons were ill and then four or five more became ill every few minutes.

By 9:30 that evening, 23 persons had been treated at a hospital and discharged, and 63 others admitted for an overnight stay. Two days later, only one patient was still in the hospital.

Investigations by CHD sanitarians showed that the ham and potato salad had been prepared by a caterer under poor sanitary conditions. The foods were picked up by a company truck at 3 p.m. on Friday, the day before, and carried about 100 miles without any kind of refrigeration. They were put in the refrigerator after they had arrived at the camp, but the damage had already been done.

One of the workers at the camp thought the meat was spoiled but nevertheless it was served.

An interesting feature of this particular incident is that the highway patrol officer who was called quickly gathered up some of the uneaten food so it could be examined at the laboratory.

A Sudden Illness

WHAT caused the illness of all these people? It would be nice to say that the health authorities can always pinpoint exactly what happened (which they can't in this case), but this they do know: The germ that caused this outbreak of "food poisoning" is called *Staphylococcus*, and it gives off a toxin (poison) that makes people ill.



Sliced meats and frozen foods in supermarkets must also be kept at proper temperatures.



Foods may be mixed in large containers but they are better cooked in shallow pans (at right) where the heat can get through to all portions of the food.

There are many different members of this *Staphylococcus* family. The particular one which caused this illness can be identified by the fact that it causes an explosive, sudden, violent illness. With most persons, the acute symptoms are gone within 12 hours. The beginning signs are nausea, vomiting, diarrhea and acute prostration, coming on usually within two and a half to five hours after eating. Usually foods such as cured meats, milk and cream-filled bakery goods are involved.

How did *Staphylococcus* germs get into this food and multiply? It is a good bet that somewhere there was a person who had a boil or a pimple who handled the food. Some of the pus got on his

hands and then he handled the food. When it was not correctly refrigerated, the germs began to multiply tremendously. People ate these millions of germs and their waste products. So . . . they became ill.

One particular danger is sliced meats. *Staphylococci* can be found in many places. Since meats can be contaminated as they are sliced, they should be refrigerated or served at once. If they are left at room temperatures for a long period, the germs will multiply rapidly—in fact, they double in number every 20 minutes.

BOTULISM

The Cases of Whitefish and Tuna

READY for two more stories? These events did not occur in Florida, but many of you read about them in the newspapers.

During 1963 there have been several deaths from eating whitefish and tuna which harbored *Botulinus* germs and its harmful waste products.

The story of the whitefish goes like this:

A firm up in Michigan prepared a smoked whitefish which bore on the label "vacuum packed—ready to eat—keep under refrigeration." This product was distributed from Maine to Florida and as far west as Texas and Minnesota.

In September, a particular shipment of the fish was reported to have left Michigan in a refrigerated truck on one day and arrived the next in Chicago. It was transferred to another truck line and six days later it was delivered at Knoxville, Tennessee. During these six days it was traveling in an *unrefrigerated* trailer truck. The shipment was distributed through a chain of stores in Alabama, Kentucky and Tennessee. After eating the smoked whitefish, a Tennessee man and his daughter died of *Botulinus* food poisoning. Another person died in Nashville when a family ate smoked whitefish chubs and a couple died in Michigan after they had eaten whitefish obtained from an unknown source.

Following the publicity which warned health workers and the public concerning this particular food, the illnesses and deaths

stopped. Through health department sanitarians, a number of packages of whitefish were found on the shelves of Florida grocers. Stores and markets were notified by the CHDs and the State Board of Health to look for and destroy all products packaged in red and white plastic bags and labeled "smoked whitefish" or "whitefish chubs."

The packaging of prepared, ready-to-eat foods in plastic bags is a departure from the tradition of processing food in glass or metal cans. The old method was to heat the food under pressure and this destroyed the *Botulinus* germ. Under new methods of preparing foods, the food is cooked prior to packaging. The food is handled during packaging; it is not reheated; and since the food is supposedly ready for consumption, the consumer does not cook the food.

When there is a breakdown in sanitary conditions, germs, such as *Botulinus*, can be introduced during the packaging. Since it multiplies when there is an absence of oxygen, the food becomes loaded with germs and their waste products if it is not refrigerated.

The story of the canned tuna occurred in March of 1963 when three women in the Detroit area ate a lunch which included tuna fish salad sandwiches. One woman only ate a small portion and became ill. The other two women died within five days.

Highly Fatal

WHAT is *Botulism*? This frequently fatal disease has not been a major problem for commercial canners and processors for a number of years. Prior to the two outbreaks in 1963, there have been five known outbreaks of *Type E Botulism* (the same germ as in the cases of whitefish and tuna) in the United States. These involved sprats from Germany, salmon from Labrador, mushrooms from Yugoslavia, raw white whale flipper and vacuum-packed ciscoes (whitefish) from the Great Lakes. Of the 16 individuals involved in these outbreaks, six died.

Outside the few cases involving commercial products over the years, all of the outbreaks have been traced to *under-processed home-canned foods*. This source is still the one of greatest danger. Home-canned vegetables, such as non-acid foods (string beans, corn, beets), have been responsible for the greatest number of cases but fish is a great source of *Botulinus* food intoxication.



Refrigeration of food products all along the line of preparation is important. Large restaurants frequently store fruits, meats and dairy products in separate walk-in refrigerators.

The symptoms are usually preceded by a severe upset stomach and vomiting. Breathing frequently is difficult and vision becomes blurred. Convulsions and difficult respiration are found in severe cases. The illness may strike from six to 36 hours after the meal is eaten and there is a high death rate from *Botulism*.

The germ is highly dangerous but the best protection is to boil all home-canned, non-acid foods at least 10 minutes, stirring frequently to destroy all of the toxin.

Food Problems in Florida

THE Sunshine State's subtropical climate makes it necessary to take special care in the handling of food. Floridians and their visitors enjoy eating out of doors, as witness the rise in backyard cookery. The seasonal influx of tourists makes it neces-

sary for restaurants, cafes and other eating places to hire additional foodhandlers. There is always a greater chance of food poisoning where there is inexperienced restaurant help.

During the first six and a half months of 1963, there were more than 245 cases of food poisoning reported in Florida. These include major outbreaks in Bradford, Dade, Gilchrist, Manatee, Broward, Hillsborough and Duval Counties. Undoubtedly, there were many hundreds of other persons who became sick but who did not report their illnesses—or suspicions of certain foods—to the County Health Department.

Sanitarians estimate that only three to five per cent of all actual food-borne diseases are reported and therefore no true picture of the number of occurrences or the facts to stimulate a prevention program can be given.

Many times the food-poisoned victim thinks he merely has a slight stomach upset accompanied by nausea and he does not consult his physician. Perhaps he thinks he is having a touch of "indigestion" or "ptomaine poisoning"—a term that is old, unscientific and meaningless. Since most people are afflicted sometime during their lives with one kind of food poisoning or another, no great attention is paid to it, and the illness is soon forgotten—unless the person becomes extremely sick.

What is "Bad Food?"

There is no accurate definition of "bad food." Nearly everyone considers food "bad" when it is decomposed, stale, discolored or it has a foul odor. On the other hand, foods may look wholesome and appetizing, and yet they can make you sick because they may contain harmful bacteria and enterotoxin (waste products).

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